FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:46

DOCUMENT # N92000000769 (1)

1. Corporation Name

THE NOCATEE UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
P.O. BOX 393 NOCATEE FL 33864-9999	P.O. BOX 393 NOCATEE FL 33864-9999

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/15/1992
3a. Date of Last Report: 02/23/1994
4. FEI Number: 65-0393818 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SELLERS, J. B
4812 SW PROVAU AVE
ARCADIA FL 33821

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE J. B. SELLERS (Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) FEBRUARY 7, 1995 (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	SELLARS, J.B.	1.2 NAME	
STREET ADDRESS	4812 SW OPROVAU AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 33821	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, FRANCIS	2.2 NAME	
STREET ADDRESS	775 SW 25TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 33821	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☒ Change ☐ Addition
NAME	MCGLOONE, MARIAN	3.2 NAME	T N.KEITH MARRY
STREET ADDRESS	RT3 BOX 4965	3.3 STREET ADDRESS	P.O. BOX 2737 NW
CITY-ST-ZIP	ARCADIA FL 33821	3.4 CITY-ST-ZIP	ARCADIA, FLA 33821
TITLE	TR	4.1 TITLE	☐ Change ☐ Addition
NAME	CORBITT, SUE	4.2 NAME	
STREET ADDRESS	P.O. BOX 636 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	MOCATEE FL 33864	4.4 CITY-ST-ZIP	
TITLE	TR	5.1 TITLE	☐ Change ☐ Addition
NAME	HAMILTON, RUTH	5.2 NAME	
STREET ADDRESS	P.O. BOX 636 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	MOCATEE FL 33864	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. B. SELLERS J B Sellers FEBRUARY 7, 1995
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (Date)

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