

# FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 26 PM 3:41

DOCUMENT # N93000003079 (1)

1. Corporation Name

FIRST UNITED METHODIST CHURCH OF HAINES CITY, FL  
A, INC.

Principal Place of Business

Mailing Address

SECOND STREET AND OAK AVENUE  
HAINES CITY FL 33845

P.O. BOX 1227  
HAINES CITY FL 33845

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1993

3a. Date of Last Report

02/11/1994

4. FEI Number

59-1573252

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

2a

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASSELBERRY, DANIEL L  
1917 PENINSULAR DRIVE  
HAINES CITY FL 33844

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
THOMPSON, JIM  
4950 BANNON ISLAND ROAD  
HAINES CITY FL 33844

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DUCE, JOHN  
216 CREST DRIVE  
HAINES CITY FL 33844

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

D  
EDGE, DORIS  
905 W. MAIN STREET  
LAKE HAMILTON, FL 33556

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
RICHARDSON, RALPH  
63 PINE FOREST DRIVE  
HAINES CITY FL 33844

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Y  
SHAW, JULIAN M  
333 SOUTH 14TH STREET  
HAINES CITY FL 33844

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
MOORE, VIRGINIA  
3224 LAKE BREEZE DRIVE  
HAINES CITY FL 33844

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☒ Change ☐ Addition

S  
BROADAWAY, TOM  
24 NOTTINGHAM WAY  
HAINES CITY, FL 33844

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ZAMZOW, JANICE  
1009 SOUTH 9TH STREET  
HAINES CITY FL 33844

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☒ Change ☐ Addition

D  
LOVELACE, JOYCE  
13 PINE FOREST CIRCLE  
HAINES CITY, FL 33844

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 110.07(3)(k), 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:

*Jim Thompson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/95  
Date

402-239-3238  
Daytime (Area #)