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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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 33845-1227

3. Date Incorporated or Qualified: 07/02/1993
3a. Date of Last Report: 01/29/1996

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) / Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc (27): City & State (28): Zip (29) / Country (30)

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

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CASSELBERRY, DANIEL L
1917 PENINSULAR DRIVE
HAINES CITY FL 33844

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P RICHARDSON, RALPH P.O. Box 1284, 63 Pine Forest Dr Haines City, FL 33845 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EDGE, DORIS 905 W. MAIN ST. LAKE HAMILTON FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RICHARDSON, RALPH 63 PINE FOREST DRIVE HAINES CITY FL 33844	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VD LOVELACE, JOYCE 13 Pine Forest Circle Haines City, FL 33844 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SHAW, JULIAN M 333 SOUTH 14TH STREET HAINES CITY FL 33844	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	T CRABBS, MARY P.O. Box 430, 427 Florida Avenue Loughman, FL 33858 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BROADWAY, TOM 24 NOTTINGHAM WAY HAINES CITY FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOVELACE, JOYCE 13 PINE FOREST CIR. HAINES CITY FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D BRADLEY, HERBERT 43 Uncle Pete Road Haines City, FL 33844 ☒ Change ☐ Addition

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Mary P Crabbs REQUIRED Mary P. Crabbs 1/8/97 (941) 422-1290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0063760