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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

3. Date Incorporated or Qualified: 07/02/1993

4. FEI Number: 59-1573252 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 21 South Second Street	26 21 South Second Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Haines City, Florida	City & State 28 Haines City, Florida
Zip 24 33844 Country 25 USA	Zip 29 33844 Country 30 USA

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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: Douglas F. Hallman
82 Street Address (P.O. Box Number is Not Acceptable)
83: 1917 Peninsular Drive
84 City: Haines City, FL 85 Zip Code: 33844

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 617.0505, Florida Statutes.

SIGNATURE: Douglas F. Hallman DATE: Jan 15, 1998
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	T	☒ DELETE	1.1 TITLE	P/Tr	☒ Change ☐ Addition
NAME	CRABBS, MARY		1.2 NAME	Ralph Richardson	
STREET ADDRESS	P.O BOX 430, 427 FLORIDA AVE.		1.3 STREET ADDRESS	63 Pine Forest Drive	
CITY-ST-ZIP	LOUGHMAN FL		1.4 CITY-ST-ZIP	Haines City, FL 33844	
TITLE	D	☒ DELETE	2.1 TITLE	Tr	☒ Change ☐ Addition
NAME	EDGE, DORIS		2.2 NAME	Ed Winchester	
STREET ADDRESS	905 W. MAIN ST.		2.3 STREET ADDRESS	218 Crest Drive	
CITY-ST-ZIP	LAKE HAMILTON FL		2.4 CITY-ST-ZIP	Haines City, FL 33844	
TITLE	P	☐ DELETE	3.1 TITLE	Tr	☒ Change ☐ Addition
NAME	RICHARDSON, RALPH		3.2 NAME	Barbara Workman	
STREET ADDRESS	P.O BOX 1284, 63 PINE FOREST DR.		3.3 STREET ADDRESS	2900 Powerline Road, #300	
CITY-ST-ZIP	HAINES CITY FL		3.4 CITY-ST-ZIP	Haines City, FL 33844	
TITLE	T	☒ DELETE	4.1 TITLE	Tr	☒ Change ☐ Addition
NAME	SHAW, JULIAN M		4.2 NAME	Herbert Bradley	
STREET ADDRESS	333 SOUTH 14TH STREET		4.3 STREET ADDRESS	43 Uncle Pete Road	
CITY-ST-ZIP	HAINES CITY FL		4.4 CITY-ST-ZIP	Haines City, FL 33844	
TITLE	S	☒ DELETE	5.1 TITLE	Tr	☒ Change ☐ Addition
NAME	BROADWAY, TOM		5.2 NAME	Jean Pratt	
STREET ADDRESS	24 NOTTINGHAM WAY		5.3 STREET ADDRESS	101 Fairway Drive	
CITY-ST-ZIP	HAINES CITY FL		5.4 CITY-ST-ZIP	Haines City, FL 33844	
TITLE	VD	☒ DELETE	6.1 TITLE	Tr	☒ Change ☐ Addition
NAME	LOVELACE, JOYCE		6.2 NAME	Charles Williams	
STREET ADDRESS	13 PINE FOREST CIR.		6.3 STREET ADDRESS	215 S. First Street	
CITY-ST-ZIP	HAINES CITY FL		6.4 CITY-ST-ZIP	Haines City, FL 33844	

CR2E037 (10/97)

14. I 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: Ralph Richardson 1-22-98