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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **N93000003406 (6)**

1. Corporation Name

FIRST UNITED METHODIST CHURCH OF HAWTHORNE, INC.

Principal Place of Business	Mailing Address
103 NW FIRST AVE HAWTHORNE FL 32640	103 NW FIRST AVE HAWTHORNE FL 32640

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/21/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3208249 ☐ 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 C/O P.O Box 43
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 Hawthorne, Fl.
24 Zip / 25 Country	29 32640 / 30 US

9. Name and Address of Current Registered Agent

MARROCCO, ROBERT
103 NW FIRST AVE
HAWTHORNE FL 32640

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 _____ 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	D	11 TITLE	D	X Change ☐ Addition
NAME	DUKE, KATE A	12 NAME	Buffenmyer, Dale	
STREET ADDRESS	103 SW 4TH STREET	13 STREET ADDRESS	Rt 2 Box 50-A	NA
CITY-ST-ZIP	HAWTHORNE FL 32640	14 CITY-ST-ZIP	Hawthorne, Fl. 32640	
TITLE	D	21 TITLE	S	X Change ☐ Addition
NAME	GILYARD, SUE	22 NAME	Reeves, Susan	
STREET ADDRESS	11021 SE HWY 301T	23 STREET ADDRESS	P.O. Box 328	NA
CITY-ST-ZIP	HAWTHORNE FL 32640	24 CITY ST ZIP	Hawthorne, Fl. 32640	
TITLE	D	31 TITLE	D	XX Change ☐ Addition
NAME	GRACEY, ERNESTINE	32 NAME	Surrency, Ronald	
STREET ADDRESS	172 JOANN	33 STREET ADDRESS	307 NE 9th Av	
CITY ST ZIP	HAWTHORNE FL 32640	34 CITY ST ZIP	Hawthorne, Fl. 32640	
TITLE	D	41 TITLE	D	XX Change ☐ Addition
NAME	GUTHRIE, KEITH	42 NAME	Herman, Brooks	
STREET ADDRESS	401 NW 1ST AVE	43 STREET ADDRESS	Rt 1 Box 287-D-9	NA
CITY ST ZIP	HAWTHORNE FL 32640	44 CITY ST ZIP	Hawthorne, Fl. 32640	
TITLE	D	51 TITLE	V	XX Change ☐ Addition
NAME	FUNSTON, D B	52 NAME	Funston, Don B.	
STREET ADDRESS	138 FAYE STREET	53 STREET ADDRESS	138 Faye Street	
CITY ST ZIP	HAWTHORNE FL 32640	54 CITY ST ZIP	Hawthorne, Fl. 32640	
TITLE	D	61 TITLE	P	XX Change ☐ Addition
NAME	HENDERSON, DAVIS	62 NAME	Gosnell, Carlos D.	
STREET ADDRESS	13204 SE 200 TERRACE	63 STREET ADDRESS	112 Magnolia Street	
CITY ST ZIP	HAWTHORNE FL 32640	64 CITY ST ZIP	HAwthorn, Fl. 32640	

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 addenda.

SIGNATURE: Carlos D. Gosnell 3/21/95 (704) 482-1029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #