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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 

1996

N93000003406 (6)

FIRST UNITED METHODIST CHURCH OF HAWTHORNE, INC.

Mailing Address Principal Place of Business PO BOX 43 103 NW FIRST AVE HAWTHORNE FL 32640 HAWTHORNE FL 32640 3a. Date of Last Report 04/06/1995 Date Incorporated or Qualified 07/21/1993 HS. Applied For 4. FEI Number 2a, Mailing Address 59-3208249 Not Applicable 2. Principal Place of Business 26 \$8.75 Additional 21 Suite, Apt. #, etc. Certificate of Status Desired Fee Required Suite, Apt. #, etc. 27 \$5.00 May Be 6. Election Campaign Financing 22 City & State Added to Fees Trust Fund Contribution City & State 28 8. This corporation has liability for intangible tax under s. 199.032. 23 Country Zip ☐ Yes ☐ No Country Zip Florida Statutes 30 10. Name and Address of New Registered Agent 29 25 24 9. Name and Address of Current Registered Agent 81 Street Address (P.O. Box Number is Not Acceptable) MARROCCO, ROBERT 82 103 NW FIRST AVE . HAWTHORNE FL 32640 Zip Code 85 City 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. (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 SIGNATURE Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS 13. ☐ Addition Change 12 DELETE 1.1 TITLE Schuman, Paul RT 3, Box 56B N/A n TITLE 1.2 NAME BUFFENMYER, DALE NAME 1.3 STREET ADDRESS RT 2 BOX 50A N/A Hawthorne, FL 32640 STREET ADDRESS 1.4 CITY - ST - ZIP HAWTHORNE FL Change Addition CITY-ST-ZIP DELETE 21 TITLE Marrocco, Shirley TITLE 22 NAME REEVES, SUSAN PO BOX 43 NIA NAME 2 3 STREET ADDRESS PO BOX 328 N/A STREET ADDRESS

Hawthorne, FL 32640 2 4 CITY-ST-ZIP Addition HAWTHORNE FL Change CITY - ST - ZIP 3.1 TITLE DELETE TITLE 3 2 NAME SURRENCY, RONALD NAME 3.3 STREET ADDRESS <u>200001805222</u> -05/02/30--01039--0Ф<sup>hange</sup> 307 NE 9TH AVE STREET ADDRESS 3 4. CITY - ST - ZIP Addition HAWTHORNE FL CITY-ST-ZIP DELETE 4 1 TITLE \*\*\*61.25 TITLE 4. 2 NAME HERMAN, BROOKS NAME 4.3 STREET ADDRESS RT 1 BOX 287D9 N/A STREET ADDRESS 4 4 CITY - ST - ZIP ☐ Addition HAWTHORNE FL Change CITY-ST-ZIP Tarnay, Charles PO Box 425 N/A Hawthorne, FL 32640 DELETE 5 1 TITLE TITLE 5.2 NAME FUNSTON, D B NAME 5.3 STREET ADDRESS 138 FAYE STREET STREET ADDRESS 54 CITY - ST - ZIP Addition HAWTHORNE FL CITY-ST-ZIP 6.1 TITLE DELETE TITLE 62 NAME GOSNELL, CARLOS D. NAME 6.3 STREET ADDRESS 112 MAGNOLIA ST STREET ADDRESS

14. Ido hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Floade 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 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 certify 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. CITY - ST - ZIP

appears in Block 12 or Block 13 if changed, or on an attachine	all And Can open after	(0.00 \UQ1-1026
SIGNATURE: Carlos P. Garrell SIGNATURE AND TYPED OR PRINTED NAME	CARLOS D. GOSNELL DF SIGNING OFFICER OF DIRECTOR	22 A pril 1946 (352) 491-1026 Dayline Phone #

0030582

(12/95)CR2E037