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FILED

Feb 24 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 32640PO BOX 43  
HAWTHORNE FL 32640-0043  
US3. Date Incorporated or Qualified  
07/21/19933a. Date of Last Report  
05/02/1996

4. FEI Number

59-3208249

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARROCCO, ROBERT  
103 NW FIRST AVE  
HAWTHORNE FL 32640

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETED  
NAME SCHUMAN, PAUL  
STREET ADDRESS RT 3 BOX 588 N/A  
CITY - ST - ZIP HAWTHORNE FL 326401.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE ☐ DELETES  
NAME MARROCCO, SHIRLEY  
STREET ADDRESS PO BOX 43 N/A  
CITY - ST - ZIP HAWTHORNE FL 326402.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE ☒ DELETED  
NAME SURENCY, RONALD  
STREET ADDRESS 307 NE 9TH AVE  
CITY - ST - ZIP HAWTHORNE FL3.1 TITLE ☐ Change ☒ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE ☐ DELETED  
NAME HERMAN, BROOKS  
STREET ADDRESS RT 1 BOX 287D9 N/A  
CITY - ST - ZIP HAWTHORNE FL4.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE ☐ DELETEV  
NAME TARNAY, CHARLES  
STREET ADDRESS PO BOX 425 N A  
CITY - ST - ZIP HAWTHORNE FL 326405.1 TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE ☒ DELETEP  
NAME GOSNELL, CARLOS D.  
STREET ADDRESS 112 MAGNOLIA ST  
CITY - ST - ZIP HAWTHORNE FL6.1 TITLE ☒ Change ☒ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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:

Charles Tarnay  
Charles Tarnay 2/15/97 352-481-4194

CR2E037 (9/96)