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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003406

1. Corporation Name

FIRST UNITED METHODIST CHURCH OF HAWTHORNE, INC.

Principal Place of Business

103 NW FIRST AVE
HAWTHORNE FL 32640

Mailing Address

PO BOX 43
HAWTHORNE FL 32640
US

19/495 - 90140 - 32



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
07/21/1993

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-3208249

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

23 Zip Country
24 25

28 Zip Country
29 30

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

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 **D** ☒ DELETE
NAME **SCHUMAN, PAUL**
STREET ADDRESS **RT 3 BOX 56B N/A**
CITY-ST-ZIP **HAWTHORNE FL 32640**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

D ☐ Change ☒ Addition
JANE BOB
8905 SE. 225th DRIVE
HAWTHORNE, FL. 32640

TITLE **S** ☒ DELETE
NAME **MARROCCO, SHIRLEY**
STREET ADDRESS **PO BOX 43 N/A**
CITY-ST-ZIP **HAWTHORNE FL 32640**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

S ☐ Change ☒ Addition
OLIVE INMAN
239 STAR LAKE DR.
HAWTHORNE, FL. 32640

TITLE **D** ☐ DELETE
NAME **WELLONS, LAVERNE**
STREET ADDRESS **3235 SE 122ND TERRACE**
CITY-ST-ZIP **GAINESVILLE FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D** ☒ DELETE
NAME **SCHALK, ART**
STREET ADDRESS **106 FAYE STREET**
CITY-ST-ZIP **HAWTHORNE FL 32640**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **P** ☒ DELETE
NAME **TARNAY, CHARLE**
STREET ADDRESS **PO BOX 425 N A**
CITY-ST-ZIP **HAWTHORNE FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

P ☐ Change ☒ Addition
MARY GLASS
P.O. Box 41 NA
HAWTHORNE, FL 32640

TITLE **V** ☒ DELETE
NAME **FUNSTON, DON**
STREET ADDRESS **201 SALLY ST. 4 LAKES**
CITY-ST-ZIP **HAWTHORNE FL**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

V/D ☐ Change ☒ Addition
Rodrick Dayton
14122 S.E. 201st TERR.
HAWTHORNE, FL. 32640

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, with all other like empowered.

SIGNATURE: *Mary Glass*

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY GLASS

2/23/99

352-481-2626

CR2E037 (1/98)