

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000002244 (1)

1. Corporation Name

FIRST UNITED METHODIST CHURCH OF PACE, INC.

Principal Place of Business

**4540 CHUMUCKLA HWY
PACE FL 32571**

Mailing Address

**4540 CHUMUCKLA HWY
PACE FL 32571**



3. Date Incorporated or Qualified
05/02/1994

3a. Date of Last Report
08/04/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-6561232

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

8. 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

**WEBB, JOHN F
4530 CHUMUCKLA HWY
PACE FL 32571**

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 **BRAY, DON**
STREET ADDRESS **4463 VERN COVE**
CITY-ST-ZIP **PACE FL**

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

TITLE **D** ☐ DELETE
NAME **GRIFFIN, HARRY**
STREET ADDRESS **445 CHUMUCKLA HWY**
CITY-ST-ZIP **PACE FL**

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

TITLE **D** ☒ DELETE
NAME **ADAMS, ERBY**
STREET ADDRESS **5435 HWY 90**
CITY-ST-ZIP **PACE FL 32571**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D**
3.3 STREET ADDRESS **Roy Roberts**
3.4 CITY-ST-ZIP **9157 Stillbridge Ln**

TITLE **D** ☒ DELETE
NAME **MCNEELY, NEET**
STREET ADDRESS **4709 WOODBINE RD**
CITY-ST-ZIP **PACE FL**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D**
4.3 STREET ADDRESS **Sharon Brandt**
4.4 CITY-ST-ZIP **4829 Aleff Rd Pace, FL 32571**

TITLE **D** ☐ DELETE
NAME **BROWN, SUSAN**
STREET ADDRESS **125 SAN MARCUS**
CITY-ST-ZIP **PACE FL**

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

TITLE **D** ☐ DELETE
NAME **COOK, WAYMON**
STREET ADDRESS **4780 CHUMUCKLA HWY**
CITY-ST-ZIP **PACE FL 32571**

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

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)(k), 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: *Roy G. Roberts* 4/29/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roy G. Roberts

904 994-5608

Date

Daytime Phone #

CR2E037 (12/95)