FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
'95 JUL -7 AM 8:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N94000002261 (5)

1. Corporation Name
BRONSON UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
235 COURT ST BRONSON FL 32621	235 COURT ST BRONSON FL 32621

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/03/1994
3a. Date of Last Report: 5-03-1994
4. FEI Number: 59-2349106 ☐ 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
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

OATES, FRANK
235 COURT ST
BRONSON FL 32621

10. Name and Address of New Registered Agent

01 Name: Jack A. Cowart T
02 Street Address (P.O. Box Number is Not Acceptable): R.R. #1 Box 927
03: Newberry, Fla.
04 City: Newberry FL 05 Zip Code: 32669

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: Jack A. Cowart DATE: 5-17-95
Signature of, and 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	T	1.1 TITLE	☐ Change ☐ Addition
NAME	FREEZE, MEL	1.2 NAME	
STREET ADDRESS	710 PENNSYLVANIA AVE T	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRONSON FL 32621	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	☑ Change ☐ Addition
NAME	BENNETT, WES	2.2 NAME	Jim Teeton T
STREET ADDRESS	PO BOX 154 PINE DR NA T	2.3 STREET ADDRESS	P.O. Box 191 NA
CITY-ST-ZIP	BRONSON FL 32621	2.4 CITY-ST-ZIP	Bronson, Fla. 32621
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	AKINS, MARGARET	3.2 NAME	T
STREET ADDRESS	PO BOX 277 N/A T	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRONSON FL 32621	3.4 CITY-ST-ZIP	
TITLE	TP	4.1 TITLE	☒ Change ☐ Addition
NAME	OATES, FRANK	4.2 NAME	Peggy Rowe T
STREET ADDRESS	101 TEMPLE DR T	4.3 STREET ADDRESS	P.O. Box 936 NA
CITY-ST-ZIP	ARCHER FL 32618	4.4 CITY-ST-ZIP	Bronson, Fla. 32621
TITLE	TST	5.1 TITLE	☑ Change ☐ Addition
NAME	BRUNO, EDITH MRS	5.2 NAME	Roberta Smith T
STREET ADDRESS	PO BOX 445 N/A T	5.3 STREET ADDRESS	P.O. Box 327 NA
CITY-ST-ZIP	BRONSON FL 32621	5.4 CITY-ST-ZIP	Archer, Fla. 32618
TITLE	T	6.1 TITLE	☑ Change ☐ Addition
NAME	BARR, ELIZABETH	6.2 NAME	C.W. Gilbert T
STREET ADDRESS	PO BOX 207 NA T	6.3 STREET ADDRESS	P.O. Box 147 NA
CITY-ST-ZIP	BRONSON FL 32621	6.4 CITY-ST-ZIP	Bronson, Fla. 32621

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 address.

SIGNATURE: X Jack A. Cowart Jack A. Cowart 5-17-95 904-486-2860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0032603