FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORRORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -6 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005774

1. Corporation Name

First United Methodist Church of Dunnellon Inc.

Principal Place of Business / Mailing Address

P.O. Box 237 Dunnellon, FL 34430

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/23/94
3a. Date of Last Report: n/a
4. FEI Number: 59-3286878 ☐ 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
21 First United Methodist
22 Suite, Apt. #, etc.
23 City & State: Dunnellon FL
24 Zip: 34430 25 Country: Marion

2a. Mailing Address
26 P.O. Box 237
27 Suite, Apt. #, etc.
28 City & State: Dunnellon, FL
29 Zip: 34430 30 Country: Marion

9. Name and Address of Current Registered Agent

Rev. Harold R. Hendren
9827 S.W. 201st Ct.
Dunnellon , FL 34431

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, 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 Chairman of Administrative Board /D NAME Carrol S. Meredith STREET ADDRESS P.O. Box 712 CITY-ST-ZIP Dunnellon, Fl 34430 WA	11 TITLE Chairman of Finance ☐ Change ☒ Addition 12 NAME David Burkhart 13 STREET ADDRESS 6904 Candier Ct. 14 CITY-ST-ZIP Dunnellon, FL 34433
TITLE Chairman of Council of Ministries/D NAME Linda Jones STREET ADDRESS 8387 S.W. 200 Ct. CITY-ST-ZIP Dunnellon, FL 34431	21 TITLE ☐ Change ☐ Addition 22 NAME 900001452669 23 STREET ADDRESS -04/10/95--01105--021 24 CITY-ST-ZIP *****61.25 *****61.25
TITLE Chairman of Trustees/D NAME Charles Skinner STREET ADDRESS 11512 Mockingbird Dr. CITY-ST-ZIP Dunnellon, FL 34432	31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE Chairman of Pastor Parrish/D NAME Fred Kingery STREET ADDRESS 10273 S.W. 186th Ave. CITY-ST-ZIP Dunnellon, FL 34432	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE Treasurer NAME Chaplain Dinkins III STREET ADDRESS 11907 N. Williams St. CITY-ST-ZIP Dunnellon, Fl 34432	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE Minister NAME Harold Hendren STREET ADDRESS P.O. Box 237 NA CITY-ST-ZIP Dunnellon, FL 34430	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 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)(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: Harold Hendren 3/1/95 904-489-4026 AM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AM95