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

FILED
96 SEP 24 AM 8:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N95000002573 (2)

1. Corporation Name
FIRST UNITED METHODIST CHURCH OF MAYO, INC.

Principal Place of Business	Mailing Address
P.O. BOX 433 MAYO FL 32066	P.O. BOX 433 MAYO FL 32066

3. Date Incorporated or Qualified: 05/25/1995
3a. Date of Last Report:

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 59-2166635 ☐ 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

MUTCH, SAMUEL A
708 N.W. 8TH AVE.
GAINESVILLE FL 32601-5073

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 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 _____ 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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CERASO, MILTON E		1.2 NAME	
STREET ADDRESS	%P.O. BOX 433		1.3 STREET ADDRESS	
CITY-ST-ZIP	MAYO FL 32066		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HART, CLEO		2.2 NAME	400001973014---8
STREET ADDRESS	%P.O. BOX 433		2.3 STREET ADDRESS	-10/14/96--01039--010
CITY-ST-ZIP	MAYO FL 32066		2.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SEHRT, VERNON		3.2 NAME	
STREET ADDRESS	%P.O. BOX 433		3.3 STREET ADDRESS	
CITY-ST-ZIP	MAYO FL 32066		3.4 CITY-ST-ZIP	
TITLE	TD	☒ DELETE	4.1 TITLE	TD ☐ Change ☒ Addition
NAME	RICE, MYRTIS D		4.2 NAME	MILLARD, GORDON
STREET ADDRESS	%P.O. BOX 433		4.3 STREET ADDRESS	RT 3 BOX 92
CITY-ST-ZIP	MAYO FL 32066		4.4 CITY-ST-ZIP	MAYO FL 32066
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BARRINGTON, JAMES E		5.2 NAME	
STREET ADDRESS	%P.O. BOX 433		5.3 STREET ADDRESS	
CITY-ST-ZIP	MAYO FL 32066		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CASHMAN, B.Z.		6.2 NAME	10/11/96
STREET ADDRESS	%P.O. BOX 433		6.3 STREET ADDRESS	
CITY-ST-ZIP	MAYO FL 32066		6.4 CITY-ST-ZIP	

CR2E037 (12/95)

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: Milton E Ceraso - MILTON E. CERASO 6-3-96 904-294-1484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #