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NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # **N97000003204**

1. Corporation Name

FIRST UNITED METHODIST PRE-SCHOOL, INC.

150255 · 90173 · 42

Principal Place of Business	Mailing Address
1500 SOUTH KANNER HIGHWAY STUART FL 34996	P.O. BOX 539 STUART FL 34995

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/03/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0714099 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip / Country 24 / 25	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

MCGUIRE, MARY C
1500 SOUTH KANNER HIGHWAY
STUART FL 34996

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	VP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HOPPER, TINA		1.2 NAME		
STREET ADDRESS	3531 SW DKUBIN AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34997		1.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	2.1 TITLE	S	☐ Change ☒ Addition
NAME	MEEK-WARREN, LISA		2.2 NAME	JENNIFER RIEGELSBERGER	
STREET ADDRESS	752 SW PINE TREE LN		2.3 STREET ADDRESS	2047 S W DANFORTH CIR.	
CITY-ST-ZIP	PALM CITY FL 34990		2.4 CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TRAISTER, RICHARD		3.2 NAME		
STREET ADDRESS	1421 SW VIZCAYA CR		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL 34990		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BLOUNT, DEE		4.2 NAME		
STREET ADDRESS	1360 SANDPIPER LN		4.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34996		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	SPAHN, DEBBIE		5.2 NAME	MARY SUE HAWKEN	
STREET ADDRESS	5675 SW MAPP RD		5.3 STREET ADDRESS	916 N E BANYAN TREE	
CITY-ST-ZIP	PALM CITY FL 34990		5.4 CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	P	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DALY, FRANK		6.2 NAME		
STREET ADDRESS	5547 SW CORAL TREE LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL 34990-8535		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Frank Daly SIGNATURE REQUIRED 1-20-99 287-6265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #