

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710481

FILED
Mar 27, 2006
Secretary of State

Entity Name: THE FIRST UNITED METHODIST CHURCH OF PORT ST. JOHN, INC.

Current Principal Place of Business:

1165 FAY BLVD.
COCOA, FL 32927

New Principal Place of Business:

Current Mailing Address:

1165 FAY BLVD.
COCOA, FL 32927

New Mailing Address:

FEI Number: 59-2480644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARRISH, DANIEL DR
1165 FAY BLVD.
COCOA, FL 32927 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DAVIS, JIM
Address: 5960 FISHERMAN LANE
City-St-Zip: COCOA, FL 32927

Title: T () Delete
Name: LAMBERT, MARY
Address: 4849 MILDRED CT.
City-St-Zip: COCOA, FL 32927

Title: V () Delete
Name: BAKER, HAROLD
Address: 4200 LEE HALL PLACE
City-St-Zip: COCOA, FL 32927

Title: P () Delete
Name: PARRISH, DANIEL
Address: 637 AMOR DR
City-St-Zip: COCOA, FL 32927

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BARNES, RICHARD
Address: 458 ARABELLA LANE
City-St-Zip: COCOA, FL 32927

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. DANIEL PARRISH

P

03/27/2006

Electronic Signature of Signing Officer or Director

_____ Date