


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90042 027 ****61.25

DOCUMENT # 713758					
1. Entity Name FIRST UNITED METHODIST CHURCH OF LAKE ALFRED, INC.					
Principal Place of Business 220 W HAINES BLVD PO BOX 1227 LAKE ALFRED, FL 33850 US			Mailing Address 220 W HAINES BLVD PO BOX 1227 LAKE ALFRED, FL 33850 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 71-3758631	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		01032007 Chg-NP CR2E037 (12/06)			
Not Applicable					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ELSENHEIMER, LISA 48 SHADY OAK AVE. LAKE WALES, FL 33853-5326			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VO	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOONEYHAM, RON		NAME	Mooneyham, Ron	
STREET ADDRESS	2 LAKE ARROWHEAD DR		STREET ADDRESS	2 Lake Arrowhead Drive	
CITY-ST-ZIP	WINTER HAVEN, FL 33880		CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	T	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARBUTHNOT, ALLEN		NAME	Arbuthnot, Allan	
STREET ADDRESS	PO BOX 925		STREET ADDRESS	P O Box 925, Lake Alfred, FL 33850	
CITY-ST-ZIP	LAKE ALFRED, FL 33850		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUNCELL, WES		NAME		
STREET ADDRESS	651 CENTURY LANE		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERICKSON, ERIC		NAME	Reynolds, Barbara	
STREET ADDRESS	84 WILKES DR		STREET ADDRESS	1301 Ave. S NW, Winter Haven, FL 33881	
CITY-ST-ZIP	HAINES CITY, FL 33845		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRAPF, KEN		NAME	Menser, Jim	
STREET ADDRESS	283 PUTTER CIRCLE		STREET ADDRESS	2004 Leisure Dr., Winter Haven, FL 33881	
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETERSON, WILLIAM		NAME	Adams, Lon	
STREET ADDRESS	193 FAIRWAY CIR.		STREET ADDRESS	1901 U.S. Hwy. 17-92 W #78	
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP	Lake Alfred, FL 33850	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Allen Arbuthnot</i>			2-7-07 863 956 1084		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		