

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 20, 2009  
Secretary of State**

DOCUMENT# 713758

Entity Name: FIRST UNITED METHODIST CHURCH OF LAKE ALFRED, INC.

**Current Principal Place of Business:**

220 W HAINES BLVD  
PO BOX 1227  
LAKE ALFRED, FL 33850 US

**New Principal Place of Business:**

220 W HAINES BLVD  
LAKE ALFRED, FL 33850 US

**Current Mailing Address:**

220 W HAINES BLVD  
PO BOX 1227  
LAKE ALFRED, FL 33850 US

**New Mailing Address:**

P O BOX 1227  
LAKE ALFRED, FL 33850 US

FEI Number: 71-3758631      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ELSENHEIMER, LISA  
48 SHADY OAK AVE.  
LAKE WALES, FL 338535326 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: P ( ) Delete  
Name: HERRING, LARRY  
Address: 214 TRADE WIND COURT  
City-St-Zip: LAKE ALFRED, FL 33850  
  
Title: V ( ) Delete  
Name: REYNOLDS, BARBARA  
Address: 1301 AVE. S. NW  
City-St-Zip: WINTER HAVEN, FL 33881  
  
Title: T ( ) Delete  
Name: QUACKENBUSH, DOROTHY  
Address: 471 GULF STREAM DRIVE. N.  
City-St-Zip: LAKE ALFRED, FL 33850  
  
Title: T ( ) Delete  
Name: KNAPP, LARRY  
Address: 101 GUM ROAD  
City-St-Zip: LAKE ALFRED, FL 33850  
  
Title: T ( ) Delete  
Name: ADAMS, LON  
Address: 1901 US HWY. 17-92 W #78  
City-St-Zip: LAKE ALFRED, FL 33850  
  
Title: T ( ) Delete  
Name: YODER, TERRY  
Address: O'HARA DRIVE  
City-St-Zip: HAINES CITY, FL 33844

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: DORENCAMPER, TOM  
Address: 365 ASHLEY DRIVE  
City-St-Zip: HAINES CITY, FL 33844  
  
Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:  
  
Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:  
  
Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:  
  
Title: T (X) Change ( ) Addition  
Name: HEDRICK, KYLE  
Address: 2020 LEISURE DRIVE  
City-St-Zip: WINTER HAVEN, FL 33881  
  
Title: T (X) Change ( ) Addition  
Name: METZGAR, BARBARA  
Address: 10 CLUB COURT  
City-St-Zip: HAINES CITY, FL 33844

I hereby certify that the information supplied with this filing does not qualify 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: TOM DORENCAMPER

P

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date