

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713758

FILED
Mar 21, 2011
Secretary of State

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

Current Principal Place of Business:

220 W HAINES BLVD
LAKE ALFRED, FL 33850 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1227
LAKE ALFRED, FL 33850 US

New Mailing Address:

FEI Number: 59-2137410 **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 338985326 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
Name: QUACKENBUSH, DAVID
Address: 471 GULF STREAM DRIVE N
City-St-Zip: LAKE ALFRED, FL 33850

Title: V
Name: DORENCAMPER, TOM
Address: 365 ASHLEY DRIVE
City-St-Zip: HAINES CITY, FL 33844

Title: T
Name: KRAPF, EVELYN
Address: 283 PUTTER CIRCLE
City-St-Zip: WINTER HAVEN, FL 33881

Title: T
Name: BROWNE, EUGENE
Address: 54 SUNSET CIRCLE NW
City-St-Zip: LAKE ALFRED, FL 33850

Title: T
Name: SMITH, VONDRELL
Address: 111 HARBOR DRIVE
City-St-Zip: WINTER HAVEN, FL 33881

Title: T
Name: METZGAR, BARBARA
Address: 10 CLUB COURT
City-St-Zip: HAINES CITY, FL 33844

I hereby 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 all other like empowered.

SIGNATURE: DAVID QUACKENBUSH

P

03/21/2011

Electronic Signature of Signing Officer or Director

_____ Date