2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15372

FILED Jan 09, <u>2007</u> Secretary of State

Entity Name: FIRST UNITED METHODIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

1126 E. SILVER SPRINGS ATTN: JOAN CASTELLUCCI OCALA, FL 34470

New Mailing Address: Current Mailing Address:

1126 E. SILVER SPRINGS ATTN: JOAN CASTELLUCCI OCALA, FL 34470

FEI Number: 59-0700564 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LEWIS, HARMON WERNER, DAVE 1938 SE CLATTERBRIDGE ROAD 1122 SE 24TH AVENUE OCALA, FL 34471 OCALA, FL 34471

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: DAVE WERNER 01/09/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition MCBRIDE, SANDY YOUNG, JACKIE Name: Name: 1720 SE 11TH STREET Address: 1243 SE 22ND AVENUE Address: City-St-Zip: OCALA, FL 34471 City-St-Zip: OCALA, FL 34471 Title: Title: () Delete () Change () Addition WEAVER, WILLIAM Name: Name: Address: 1344 SE 20TH AVE Address: City-St-Zip: OCALA, FL 34471 City-St-Zip: Title: () Delete Title: () Change () Addition GREEN, SUZANNE Name: Name: 740 SE 3RD STREET Address: Address: City-St-Zip: OCALA, FL 34471 City-St-Zip: Title: () Delete Title: (X) Change () Addition ADAMS, TODD Name: HUDSPETH, KEITH Name:

P O BOX 3033 3351 SE 4TH STREET Address: Address: OCALA, FL 34478 City-St-Zip: City-St-Zip: OCALA, FL 34471

Title: () Delete Title: () Change () Addition

WILLIAMS, GAYLON Name: Name: 2528 DE 30TH PLACE Address: Address: City-St-Zip: OCALA, FL 34471 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

LOSSING, STEVE DAM CY Name: Name: Address: 1414 SE 8TH ST Address: 8625-D SW 94TH STREET OCALA, FL 34471 OCALA, FL 34481 City-St-Zip: 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: DAVE WERNER Τ 01/09/2007