

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N19693

1. Entity Name
FAITH UNITED METHODIST CHURCH OF BRADENTON, INC.



Principal Place of Business Mailing Address

**7215 1ST AVENUE WEST
 BRADENTON, FL 34209-2211** **7215 1ST AVENUE WEST
 BRADENTON, FL 34209-2211**

DO NOT WRITE IN THIS SPACE



01162008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2774379	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SIEGFRIED, JAMES
 7608 19TH AVENUE DRIVE WEST
 BRADENTON, FL 34209**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U000000916629
 02/14/08-80057-018 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHOENFELDER, RON 107 68TH ST N.W. BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MACK, FREDERICK J 2718 37TH STREET WEST BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNT, PAMELA 3909 30TH LANE BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POTTER, STEPHEN E 1205 89TH ST NW BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, MARLENE 6607 1ST AVE WEST BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLISLE, MARY 201 22ND ST CT NE BRADENTON, FL 34208

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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: *Frederick J. Mack* **Frederick J. Mack** 01/30/08 941-258-7107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #