

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24522

FILED
Mar 07, 2008
Secretary of State

Entity Name: THE FIRST UNITED METHODIST CHURCH OF OVIEDO, INC.

Current Principal Place of Business:

263 KING STREET
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

263 KING STREET
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 59-1350104 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

POWERS, JOHN
263 KING STREET
OVIEDO, FL 32765 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: DTR () Delete
Name: SMITH, SUSAN
Address: 1300 MACTAVANDASH DR
City-St-Zip: OVIEDO, FL 32765

Title: DF () Delete
Name: POLHILL, THOMAS
Address: 3032 HARBOUR LANDING WAY
City-St-Zip: CASSELBERRY, FL 32707

Title: DA () Delete
Name: EVANS, DAVID
Address: 6617 LAKE CHARM CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: TRSR () Delete
Name: KRANZ, KEVIN
Address: 395 TIMBERWOOD TRAIL
City-St-Zip: OVIEDO, FL 32765

Title: TR () Delete
Name: WISE, JAMES
Address: 2790 RUNNING SPRINGS LOOP
City-St-Zip: OVIEDO, FL 32765

Title: TR () Delete
Name: LEBLEU, JIM
Address: 193 NORTH LAKE JESSUP AVE
City-St-Zip: OVIEDO, FL 72765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JACQUELINE WISE

AD

03/07/2008

Electronic Signature of Signing Officer or Director

_____ Date