

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24522

FILED  
Mar 23, 2009  
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 ( )

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

POWERS, JOHN  
263 KING STREET  
OVIEDO, FL 32765      US

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

LAKE, JAMES  
263 KING STREET  
OVIEDO, FL 32765      US

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: JAMES LAKE

03/23/2009

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: DTR      (X) Change ( ) Addition  
Name: DEKREY, LYNN  
Address: 219 TORCASO CT  
City-St-Zip: WINTER SPRINGS, FL 32708

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  
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

03/23/2009

Electronic Signature of Signing Officer or Director

Date