


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90084 036 \*\*\*\*61.25

<b>DOCUMENT # N30091</b>	
1. Entity Name <b>FIRST UNITED METHODIST CHURCH OF WINTER GARDEN, INC.</b>	

Principal Place of Business <b>125 N LAKEVIEW AVE          WINTER GARDEN, FL 34787-3910</b>	Mailing Address <b>125 N LAKEVIEW AVE          WINTER GARDEN, FL 34787-3910</b>
--	--



2. Principal Place of Business - No P.O. Box # <b>125 N. Lakeview Ave.,</b>	3. Mailing Address <b>125 N. Lakeview Ave.,</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02212007 Chg-NP CR2E037 (12/06)

City & State <b>Winter Garden, FL</b>	City & State <b>Winter Garden, FL</b>	4. FEI Number <b>59-0725543</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34787</b>	Country <b>USA</b>	Zip <b>34787</b>	Country <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b>
<b>ASMA, WILLIAM N.          886 SOUTH DILLARD STREET          WINTER GARDEN, FL 32787</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
<b>FL</b> Zip Code

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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
--	------------------------------------

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEATING, TIMOTHY 802 TILDENVILL RD. WINTER GARDEN, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REYNOLDS, LEROY 1200 THORNBY CT. WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BADGLEY, ANNE S 10 W. SMITH ST. WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SABAT, LOUIS 396 CENTER ST. OCOOE, FL 34761 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAVAR, BLAZ 1654 SPRING RIDGE CIR. WINTER GARDEN, FL 34787 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINES, HANK 13526 LARSEN LANE WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13304 Fountainbleau Dr. Clermont, FL 34711-5955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Karney, Bob 17121 Live Oak Ct. Winter Garden, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Nichols, Todd 202 S. Lakeview Ave. Winter Garden, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Anne S. Badgley Anne S. Badgley 2/21/07 407-656-1135  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #