2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N30091

Entity Name: FIRST UNITED METHODIST CHURCH OF WINTER GARDEN, INC.

Current Principal Place of Business:

125 N LAKEVIEW AVE
WINTER GARDEN, FL 347873910

New Principal Place of Business:

Current Mailing Address:

125 N LAKEVIEW AVE
WINTER GARDEN, FL 347873910

New Mailing Address:

FEI Number: 59-0725543 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ASMA, WILLIAM N.
886 SOUTH DILLARD STREET
WINTER GARDEN, FL 32787 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:	PD	( ) Delete
Name:	KEATING, TIMOTHY	
Address:	802 TILDENVILL RD.	
City-St-Zip:	WINTER GARDEN, FL	
Title:	VD	( ) Delete
Name:	REYNOLDS, LEROY	
Address:	13304 FOUNTAINBLEAU DR	
City-St-Zip:	CLERMONT, FL 347115955	
Title:	S	( ) Delete
Name:	VANDEGRIFT, SUE L	
Address:	1601 MONA AVE	
City-St-Zip:	OCOEE, FL 34761	
Title:	VP	( ) Delete
Name:	WINSOR, MARK	
Address:	120 FLORIDA AVE	
City-St-Zip:	WINTER GARDEN, FL 34787	
Title:	D	( ) Delete
Name:	NICHOLAS, TODD	
Address:	202 S. LAKEVIEW AVE.	
City-St-Zip:	WINTER GARDEN, FL 34787	
Title:	D	( ) Delete
Name:	SINES, HANK	
Address:	13526 LARSEN LANE	
City-St-Zip:	WINTER GARDEN, FL 34787	

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
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: SUE VANDEGRIFT S 04/13/2009

Electronic Signature of Signing Officer or Director — Date