


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90182 041 ****61.25

DOCUMENT # N93000003079 1. Entity Name FIRST UNITED METHODIST CHURCH OF HAINES CITY, FLA., INC.					
Principal Place of Business 21 S. SECOND ST. HAINES CITY, FL 33844			Mailing Address 21 S. SECOND ST. HAINES CITY, FL 33844		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JENKS, RICHARD 21 S. SECOND ST. HAINES CITY, FL 33844				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T <input checked="" type="checkbox"/> Delete		TITLE	VICE-CHAIRMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CORYER, CONNIE		NAME	GLENN TINCKNELL	
STREET ADDRESS	208 E. CYPRESS STREET		STREET ADDRESS	1300 POLK CITY ROAD #82-T	
CITY-ST-ZIP	DAVENPORT, FL 33844		CITY-ST-ZIP	HAINES CITY, FL 33844	
TITLE	C <input type="checkbox"/> Delete		TITLE	CHAIRMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HONICK, DERREL		NAME	DARREL E. HONICK	
STREET ADDRESS	P.O. BOX 1431		STREET ADDRESS	P.O. BOX 1431	
CITY-ST-ZIP	HAINES CITY, FL 33845		CITY-ST-ZIP	HAINES CITY FL 33845	
TITLE	T <input type="checkbox"/> Delete		TITLE		
NAME	WALLACE, JAMES		NAME		
STREET ADDRESS	6624 WESTCHESTER DR		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE		
NAME	WILSON, DANIEL		NAME		
STREET ADDRESS	212 GENEVA DR		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE		
NAME	STEWART, CHARLES		NAME		
STREET ADDRESS	1851 PENINSULAR DR.		STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY, FL 33844		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE		
NAME	WEED, JULIE		NAME		
STREET ADDRESS	1701 COMMERCE AVE., LOT 63		STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY, FL 33844		CITY-ST-ZIP		
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: <u>Darrel E. Honick</u> DARREL E. HONICK <u>4-17-08</u> <u>(863) 422-1290</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					