

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

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000002573**



1. Entity Name  
**FIRST UNITED METHODIST CHURCH OF MAYO, INC.**

Principal Place of Business  
**MAYO FIRST U M CHURCH  
 P O BOX 433  
 MAYO, FL 32066**

Mailing Address  
**MAYO FIRST U M CHURCH  
 P O BOX 433  
 MAYO, FL 32066**



01132007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2166635</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MCMILLAN, LEENETTE  
 152 W MAIN ST STE C  
 MAYO, FL 32066**

**DO NOT WRITE IN THIS SPACE**

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

*Leenette McMillan*

*1/14/07*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE: D  
 NAME: HART, JEAN  
 STREET ADDRESS: RT #3 HWY #27  
 CITY-ST-ZIP: MAYO, FL 32066

TITLE: C  
 NAME: MCMILLAN, WILLIAM R  
 STREET ADDRESS: RT 3, BOX 78  
 CITY-ST-ZIP: MAYO, FL 32066

TITLE: D  
 NAME: RONYON, LOUISE  
 STREET ADDRESS: 173 NW POLK PATH  
 CITY-ST-ZIP: MAYO, FL 32066

TITLE: D  
 NAME: VANN, CHRIS  
 STREET ADDRESS: P.O. BOX 712  
 CITY-ST-ZIP: MAYO, FL 32066

TITLE:  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

00000590762  
 01/18/07-80067-022 61.25

**DO NOT WRITE IN THIS SPACE**

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:

*William R McMillan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-8-07*

Date

*386-294-1994*

Daytime Phone #