

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 06, 2009
Secretary of State**

DOCUMENT# N95000002573

Entity Name: FIRST UNITED METHODIST CHURCH OF MAYO, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

MAYO FIRST U M CHURCH
122 MAIN STREET
MAYO, FL 32066

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2166635 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCMILLAN, LEENETTE
152 W MAIN ST STE C
MAYO, FL 32066 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: D () Delete
Name: MCCALLUM, L.R.
Address: 1620 NW CR 290
City-St-Zip: MAYO, FL 32066

Title: C () Delete
Name: MCMILLAN, WILLIAM R
Address: RT 3, BOX 78
City-St-Zip: MAYO, FL 32066

Title: D () Delete
Name: RONYON, LOUISE
Address: 173 NW POLK PATH
City-St-Zip: MAYO, FL 32066

Title: D () Delete
Name: VANN, CHRIS
Address: P.O. BOX 712
City-St-Zip: MAYO, FL 32066

Title: D () Delete
Name: JOHNSON, H. DR
Address: POB 114
City-St-Zip: DAY, FL 32013

Title: D () Delete
Name: VANN, MATHEW
Address: POB 712
City-St-Zip: MAYO, FL 32066

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: MCMILLAN, WILLIAM R
Address: 105 SW C.F. HART LANE
City-St-Zip: MAYO, FL 32066

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: WILLIAM R. MCMILLAN

C

01/06/2009

Electronic Signature of Signing Officer or Director

_____ Date