

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726404

FILED  
Jan 15, 2009  
Secretary of State

**Entity Name:** FIRST UNITED METHODIST CHURCH OF HOMESTEAD, INC.

**Current Principal Place of Business:**

622 NORTH KROME AVENUE  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

622 NORTH KROME AVENUE  
HOMESTEAD, FL 33030

**New Mailing Address:**

**FEI Number:** 59-0816440

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LYNN, JOHN M  
48 N.E. 15 STREET, SECOND FLOOR  
HOMESTEAD, FL 33030 US

**Name and Address of New Registered Agent:**

LYNN, JOHN M  
1850 OLD DIXIE HWY.  
HOMESTEAD, FL 33033 US

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: \_\_\_\_\_

01/15/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: GORDON, EARL  
Address: 710 N.W. 20TH STREET  
City-St-Zip: HOMESTEAD, FL 33030

Title: DS ( ) Delete  
Name: BARDSLEY, MARY CATHERINE  
Address: 391 NE 13 ST  
City-St-Zip: HOMESTEAD, FL 33030

Title: DV ( ) Delete  
Name: SPINELLA, PHILIP  
Address: 17393 SW 266 TERRACE  
City-St-Zip: HOMESTEAD, FL 33031

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: GOODMAN, ROBERT  
Address: 18445 SW 293 TERRACE  
City-St-Zip: HOMESTEAD, FL 33030

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: MARITA WIEDER

MGR.

01/15/2009

Electronic Signature of Signing Officer or Director

Date