2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007
Secretary of State

DOCUMENT# 702110

Entity Name: FIRST UNITED METHODIST CHURCH OF PORT ST. LUCIE, INC.

Current Principal Place of Business:

260 SW PRIMA VISTA BLVD.
PORT ST LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

260 SW PRIMA VISTA BLVD.
PORT ST LUCIE, FL 34983

New Mailing Address:

FEI Number: 59-0954425 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DOLAN, GLADYS
260 SW PRIMA VISTA BLVD.
PORT ST. LUCIE, FL 34983 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: T ( ) Delete
Name: STANNIS, DAWN
Address: 260 SW PRIMA VISTA BLVD
City-St-Zip: PORT ST LUCIE, FL 34983

Title: PD ( ) Delete
Name: DUNLAP, ROBERT
Address: 260 PRIMA VISTA BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: DM ( ) Delete
Name: DOLAN, GLADYS
Address: 260 SW PRIMA VISTA BLVD
City-St-Zip: PORT ST LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: LANE, DEBBIE
Address: 260 SW PRIMA VISTA BLVD
City-St-Zip: PORT ST LUCIE, FL 34983

Title: PD (X) Change ( ) Addition
Name: PETERSON, DOUGLAS
Address: 260 PRIMA VISTA BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34983

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

I hereby certify that the information supplied with this filing does not qualify for the 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: GLADYS DOLAN DM 02/12/2007

Electronic Signature of Signing Officer or Director — Date