

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702589

FILED
Feb 08, 2007
Secretary of State

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

Current Principal Place of Business:

FIRST UNITED METHODIST
206 S HOPKINS AV
TITUSVILLE, FL 32796 US

New Principal Place of Business:

Current Mailing Address:

FIRST UNITED METHODIST
206 S HOPKINS AV
TITUSVILLE, FL 32796 US

New Mailing Address:

FEI Number: 59-1084415

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEPHENS, JOHN
459 GUAVA AVENUE
TITUSVILLE, FL 32796 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: VP () Delete
Name: PRESTON, ROBERT
Address: 2650 HILLCREST AVENUE
City-St-Zip: TITUSVILLE, FL 32796

Title: S () Delete
Name: BORMAN, BARBARA
Address: 2822 DUTTON DR
City-St-Zip: TITUSVILLE, FL 32796

Title: T () Delete
Name: PATTERSON, ED
Address: 3442 TREVINO CIRCLE
City-St-Zip: TITUSVILLE, FL 32780

Title: T () Delete
Name: NOLAN, FRAN
Address: 4195 HICKORY LAKE CT.
City-St-Zip: TITUSVILLE, FL 32780

Title: T () Delete
Name: JENKINS, HENRY
Address: 3100 LAS PALMAS DRIVE
City-St-Zip: TITUSVILLE, FL 32780

Title: T () Delete
Name: WILSON, MR. RICHARD
Address: 2925 JASMINE ST
City-St-Zip: TITUSVILLE, FL 32796

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: GRIMARD, PAUL
Address: 2001 SUN VALLEY ROAD
City-St-Zip: TITUSVILLE, FL 32780

Title: S (X) Change () Addition
Name: NOLAN, FRAN
Address: 4195 HICKORY LAKE CT.
City-St-Zip: TITUSVILLE, FL 32780

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

Title: T (X) Change () Addition
Name: CLARK, PAT
Address: 1432 RIVERSIDE DRIVE
City-St-Zip: TITUSVILLE, FL 32780

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 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: JOHN STEPHENS

MR.

02/08/2007

Electronic Signature of Signing Officer or Director

Date