

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704268

FILED
Jan 16, 2009
Secretary of State

Entity Name: THE FLORIDA UNITED METHODIST CHILDREN'S HOME, INC.

Current Principal Place of Business:

51 MAIN STREET
ENTERPRISE, FL 32725

New Principal Place of Business:

Current Mailing Address:

51 MAIN STREET
ENTERPRISE, FL 32725

New Mailing Address:

FEI Number: 59-0638479 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GALLOWAY, MIKE
51 MAIN STREET
ENTERPRISE, FL 32725 US

Name and Address of New Registered Agent:

GALLOWAY, MIKE MR.
51 MAIN STREET
ENTERPRISE, FL 32725 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: MIKE GALLOWAY

01/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: JETER, RICHARD
Address: 2127 SW 122ND ST
City-St-Zip: GAINESVILLE, FL 32607

Title: CD () Delete
Name: DUNCAN, MONTFORT
Address: PO BOX 3767
City-St-Zip: LAKELAND, FL 33802

Title: P () Delete
Name: GALLOWAY, MIKE
Address: 51 MAIN STREET
City-St-Zip: ENTERPRISE, FL

Title: VD () Delete
Name: HUBBARD, EVANS
Address: 9000 HUBBARD PL
City-St-Zip: ORLANDO, FL 32819

Title: TD () Delete
Name: INMAN, LEEANN
Address: 4851 S APOPKA VINELAND RD
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PCEO (X) Change () Addition
Name: GALLOWAY, MIKE
Address: 51 MAIN STREET
City-St-Zip: ENTERPRISE, FL

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: MIKE GALLOWAY

PCEO

01/16/2009

Electronic Signature of Signing Officer or Director

Date