# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 15, 2009**
**Secretary of State**

DOCUMENT# 707941

**Entity Name:** THE FIRST UNITED METHODIST CHURCH OF NICEVILLE, FLORIDA, INC.

**Current Principal Place of Business:**

214 PARTIN DRIVE SOUTH
NICEVILLE, FL 32578 US

**New Principal Place of Business:**

**Current Mailing Address:**

214 PARTIN DRIVE SOUTH
NICEVILLE, FL 32578

**New Mailing Address:**

**FEI Number: 59-6495957** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

PEARSON, BLANE
214 SOUTH PARTIN DRIVE
NICEVILLE, FL 32578 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: V ( ) Delete
Name: SIMPSON, BRADLEY J
Address: 712 MULLET CREEK RUN
City-St-Zip: NICEVILLE, FL 32578

Title: S ( ) Delete
Name: LEWIS, LISA
Address: 604 SAILBOAT DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: PD ( ) Delete
Name: HUFF, BRANDON
Address: 604 SAILBOAT DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: T ( ) Delete
Name: PEARSON, BLANE
Address: 2781 WILLOW BEND COURT
City-St-Zip: CRESTVIEW, FL 32578

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

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: BLANE PEARSON T 01/15/2009
Electronic Signature of Signing Officer or Director — Date