

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # 708629

1. Entity Name
**FLORIDA UNION OF EPISCOPAL METHODIST
CHURCHES, INC.**



Principal Place of Business
**5635 CYPRESS CIR
TALLAHASSEE, FL 32303 US**

Mailing Address
**5635 CYPRESS CIR
TALLAHASSEE, FL 32303 US**



04232008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NOBLE, MERSHAL
5635 CYPRESS CIR
TALLAHASSEE, FL 32303**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LOWRY, A. LEON II
STREET ADDRESS	9800 WATERS MEET DR
CITY-ST-ZIP	TALLAHASSEE, FL 32312

TITLE	T
NAME	LITTLES, LEROY
STREET ADDRESS	2317 OLIVER ST
CITY-ST-ZIP	TALLAHASSEE, FL 32310

TITLE	ST
NAME	NOBLE, MERSHAL
STREET ADDRESS	5635 CYPRESS CIR
CITY-ST-ZIP	TALLAHASSEE, FL 32303

TITLE	T
NAME	NOBLE, TRACY
STREET ADDRESS	5635 CYPRESS CIR
CITY-ST-ZIP	TALLAHASSEE, FL 32303

TITLE	T
NAME	DIXON, OTIS JR
STREET ADDRESS	901 CARVER ST
CITY-ST-ZIP	TALLAHASSEE, FL 32310

TITLE	S
NAME	DIXON, OTIS L III
STREET ADDRESS	901 CARVER ST
CITY-ST-ZIP	TALLAHASSEE, FL 32310

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mershal Noble*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08 (850) 562-1405

Date

Daytime Phone #