


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90016 020 ****61.25

DOCUMENT # 709350			
1. Entity Name FIRST UNITED METHODIST CHURCH OF PAHOKEE, INC.			
Principal Place of Business FIRST UNITED METHODIST CHURCH, INC 491 E MAIN ST PAHOKEE, FL 33476 US		Mailing Address FIRST UNITED METHODIST CHURCH, INC 491 E MAIN ST PAHOKEE, FL 33476 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
02222007		Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1280911		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		7. Name and Address of New Registered Agent	
SASSER, FAITH 1548 EAST MAIN STREET PAHOKEE, FL 33476		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMONSON, DAVID	NAME	
STREET ADDRESS	1081 BACOM POINT ROAD	STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE, FL 33476	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSS, LYNDA H	NAME	
STREET ADDRESS	2827 BACON POINT ROAD	STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE, FL 33476	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARRIEL, SANDRA L	NAME	
STREET ADDRESS	540 BACOM POINT ROAD	STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE, FL 33476	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, AMY	NAME	
STREET ADDRESS	2176 EAST MAIN STREET	STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE, FL 33476	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANCH, HUGH	NAME	
STREET ADDRESS	2801 BACOM POINT ROAD	STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE, FL 33476	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SASSER, FAITH	NAME	
STREET ADDRESS	1548 EAST MAIN ST.	STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE, FL 33476	CITY-ST-ZIP	
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: <u>Faith Sasser</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>4-20-07</u> Daytime Phone #: <u>501-924-5883</u>	

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