

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709350

FILED
Apr 22, 2009
Secretary of State

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

Current Principal Place of Business:

FIRST UNITED METHODIST CHURCH, INC
491 E MAIN ST
PAHOKEE, FL 33476 US

New Principal Place of Business:

Current Mailing Address:

FIRST UNITED METHODIST CHURCH, INC
491 E MAIN ST
PAHOKEE, FL 33476 US

New Mailing Address:

FEI Number: 59-1280911 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SASSER, FAITH
1548 EAST MAIN STREET
PAHOKEE, FL 33476 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: CD () Delete
Name: SIMONSON, DAVID
Address: 1081 BACOM POINT ROAD
City-St-Zip: PAHOKEE, FL 33476

Title: D () Delete
Name: MOSS, LYNDA H
Address: 2827 BACON POINT ROAD
City-St-Zip: PAHOKEE, FL 33476

Title: S () Delete
Name: JARRIEL, SANDRA L
Address: 540 BACOM POINT ROAD
City-St-Zip: PAHOKEE, FL 33476

Title: D () Delete
Name: BRANCH, HUGH
Address: 2801 BACOM POINT ROAD
City-St-Zip: PAHOKEE, FL 33746

Title: TD () Delete
Name: SASSER, FAITH
Address: 1548 EAST MAIN ST.
City-St-Zip: PAHOKEE, FL 33476

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:

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: DAVID SIMONSON

CD

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date