

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90008 006 ****61.25

DOCUMENT # 710190

1. Entity Name

**THE FIRST UNITED METHODIST CHURCH OF DOVER,
INC.**



Principal Place of Business

Mailing Address

MOORES LAKE RD AND METHODIST CHURCH R
3310 MOORES LAKE RD.
DOVER FL 33527

MOORES LAKE RD AND METHODIST CHURCH R
P O BOX 14
DOVER FL 33527
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

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2876019

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GALE, DAVID
3422 DOUBLE JACK PLACE
DOVER FL 33527

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

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

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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	D	MEMMEL, ROSE	<input checked="" type="checkbox"/> Delete
NAME		PO BOX 669	
STREET ADDRESS		DOVER FL 33527-0669	
CITY-ST-ZIP			
TITLE	T	HAMMONTREE, MARVIN	<input checked="" type="checkbox"/> Delete
NAME		1524 ENEERALD HILL WAY	
STREET ADDRESS		VALRICO FL 33594	
CITY-ST-ZIP			
TITLE	T	SUMNER, BETTY	<input type="checkbox"/> Delete
NAME		5628 PINE ST	
STREET ADDRESS		SEFFNER FL 33584	
CITY-ST-ZIP			
TITLE	TD	GRANT, DAVID	<input type="checkbox"/> Delete
NAME		1911 JAUDON RD.	
STREET ADDRESS		DOVER FL 33527	
CITY-ST-ZIP			
TITLE	D	GALE, DAVID	<input type="checkbox"/> Delete
NAME		3422 DOUBLE JACK PL	
STREET ADDRESS		DOVER FL 33527	
CITY-ST-ZIP			
TITLE	T	MACDONALD, WILLIAM	<input type="checkbox"/> Delete
NAME		PO BOX 446 N/A	
STREET ADDRESS		VALRICO FL 33595	
CITY-ST-ZIP			

TITLE	D	MARILYNN DRAWS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3342 MOTT RD	
STREET ADDRESS		DOVER FL 33527	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Marilynn J. Draws - Marilyn J. Draws -