

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710190

FILED
Mar 25, 2009
Secretary of State

Entity Name: THE FIRST UNITED METHODIST CHURCH OF DOVER, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2876019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALE, DAVID
3422 DOUBLE JACK PLACE
DOVER, FL 33527 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: D () Delete
Name: DROWNS, MARILYNN
Address: 3342 MOTT RD
City-St-Zip: DOVER, FL 33527

Title: T () Delete
Name: SUMNER, BETTY
Address: 5628 PINE ST
City-St-Zip: SEFFNER, FL 33584

Title: TD () Delete
Name: GRANT, DAVID,
Address: 1911 JAUDON RD.
City-St-Zip: DOVER, FL 33527

Title: D () Delete
Name: GALE, DAVID
Address: 3422 DOUBLE JACK PL
City-St-Zip: DOVER, FL 33527

Title: T () Delete
Name: MACDONALD, WILLIAM
Address: PO BOX 446 N/A
City-St-Zip: VALRICO, FL 33595

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: T () Change (X) Addition
Name: PASS, CAMILLA M
Address: P O BOX 327
City-St-Zip: SYDNEY, FL 33587

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: CAMILLA M. PASS

T

03/25/2009

Electronic Signature of Signing Officer or Director

Date