


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 710309 1. Entity Name FIRST UNITED METHODIST CHURCH OF BUSHNELL, INC.	
--	---

Principal Place of Business 221 W. NOBLE AVE BUSHNELL FL 33513	Mailing Address 221 W. NOBLE AVE BUSHNELL FL 33513
--	--



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

1st MOORE CR2E037 (10/06)

City & State Zip Country	City & State Zip Country
----------------------------------	----------------------------------

4. FEI Number 59-2341201	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 ISRAEL, JOHN 3752 WESTWOOD LOOP LEESBURG FL 34748
--

7. Name and Address of New Registered Agent 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 John Israel DATE 2/27/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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		<input type="checkbox"/> Delete
TITLE	P ISRAEL, JOHN	
NAM.	3752 WESTWOOD LOOP	
STREET ADDRESS	LEESBURG FL 34748	
CITY-ST-ZIP		
TITLE	V PETERSON, THOMAS	
NAM.	6668 CR 625	
STREET ADDRESS	BUSHNELL FL 33513	
CITY-ST-ZIP		
TITLE	T COOK, SUE	
NAM.	9607 SW 20TH WAY	
STREET ADDRESS	BUSHNELL FL 33513	
CITY-ST-ZIP		
TITLE	D ANDERSON, MAXINE	
NAM.	PO BOX 694	
STREET ADDRESS	BUSHNELL FL 33513	
CITY-ST-ZIP		
TITLE	D BRYAN, THOMAS	
NAM.	1973 CR 738	
STREET ADDRESS	WEBSTER FL 33597	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAM.		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	U00000656284	
NAM.	03/14/07-80019-011 61.25	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAM.		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAM.		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAM.		
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 the empowered.

SIGNATURE: John Israel DATE: 2/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Document Phone #