

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 14, 2009  
Secretary of State**

DOCUMENT# 710309

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

**Current Principal Place of Business:**

221 W. NOBLE AVE  
BUSHNELL, FL 33513

**New Principal Place of Business:**

**Current Mailing Address:**

221 W. NOBLE AVE  
BUSHNELL, FL 33513

**New Mailing Address:**

FEI Number: 59-2341201      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FOSTER, HANNAH M  
4138 W C-48  
BUSHNELL, FL 33513      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: P ( ) Delete  
Name: FOSTER, HANNAH M  
Address: 4138 W C-48  
City-St-Zip: BUSHNELL, FL 33513

Title: D ( ) Delete  
Name: PETERSON, THOMAS  
Address: 6668 CR 625  
City-St-Zip: BUSHNELL, FL 33513

Title: D ( ) Delete  
Name: COOK, KAREN SUE  
Address: 5924 SW 42ND STREET  
City-St-Zip: BUSHNELL, FL 33513

Title: T ( ) Delete  
Name: BRINSON, JOHN  
Address: 7691 W CR-48  
City-St-Zip: BUSHNELL, FL 33513

Title: D ( ) Delete  
Name: BRYAN, THOMAS  
Address: 1973 CR 738  
City-St-Zip: WEBSTER, FL 33597

Title: V ( ) Delete  
Name: HENDERSON, JAMES  
Address: 4938 S. US HWY 301  
City-St-Zip: BUSHNELL, FL 33513

**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: ( ) 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: KAREN SUE COOK

D

03/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date