

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711227

FILED
Feb 21, 2008
Secretary of State

Entity Name: THE FLORIDA UNITED METHODIST FOUNDATION, INC.

Current Principal Place of Business:

500 S. FLORIDA AVENUE
510
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

PO BOX 3549
LAKELAND, FL 33802 US

New Mailing Address:

FEI Number: 59-1148710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARSTON, THOMAS W
500 S FLORIDA AVENUE
510
LAKELAND, FL 33801 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: MARSTON, THOMAS W
Address: 119 CHRISTINA BLVD
City-St-Zip: LAKELAND, FL 33813

Title: T () Delete
Name: HICKS, PAMELA W
Address: 4958 FOX RUN LANE
City-St-Zip: LAKELAND, FL 33813

Title: DVC () Delete
Name: SHOWALTER, KIM
Address: 2072 ROBIN RD
City-St-Zip: ORLANDO, FL 32814

Title: DCP () Delete
Name: GRAY, DUNCAN
Address: 17619 NATHANS DRIVE
City-St-Zip: TAMPA, FL 33647

Title: SD () Delete
Name: KNOWLES, ELIZABETH J
Address: 1307 41ST AVENUE NORTHEAST
City-St-Zip: ST PETERSBURG, FL 33703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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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: PAMELA W. HICKS

T

02/21/2008

Electronic Signature of Signing Officer or Director

Date