

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713358

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: FIRST UNITED METHODIST CHURCH OF PINE HILLS, INC.

**Current Principal Place of Business:**

1400 NOWELL ST  
ORLANDO, FL 32808

**New Principal Place of Business:**

**Current Mailing Address:**

1400 NOWELL ST  
ORLANDO, FL 32808

**New Mailing Address:**

FEI Number: 59-0855401      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

VENABLE, GLEN  
6407 LAUREN COURT  
ORLANDO, FL 32818      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: NOLIN, STEVE  
Address: 7413 ANSTEAD CIRCLE  
City-St-Zip: ORLANDO, FL 32810

Title: T      ( ) Delete  
Name: HAIGHT, ERNEST  
Address: 1907 HINCKLEY ROAD  
City-St-Zip: ORLANDO, FL 32818

Title: D      ( ) Delete  
Name: LACKEY, HARRY  
Address: 1419 PINE HILLS ROAD  
City-St-Zip: ORLANDO, FL 32808

Title: D      ( ) Delete  
Name: JONES, PAT  
Address: 5808 HORNET DRIVE  
City-St-Zip: ORLANDO, FL 32808

Title: D      ( ) Delete  
Name: ZABEL, DON  
Address: 2814 GRASSMERE LANE  
City-St-Zip: ORLANDO, FL 32808

**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:

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: CHARLA GOFF

Electronic Signature of Signing Officer or Director

ADMI

04/22/2009

\_\_\_\_\_ Date