

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90186 047 ****61.25

DOCUMENT # 713758

1. Entity Name
**FIRST UNITED METHODIST CHURCH OF LAKE ALFRED,
INC.**



Principal Place of Business
**220 W HAINES BLVD
PO BOX 1227
LAKE ALFRED, FL 33850 US**

Mailing Address
**220 W HAINES BLVD
PO BOX 1227
LAKE ALFRED, FL 33850 US**

60035828



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04152008 Chg-NP CR2E037 (12/06)

4. FEI Number
71-3758631

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELSENHEIMER, LISA
48 SHADY OAK AVE.
LAKE WALES, FL 33853-5326**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VO
MOONEYHAM, RON
2 LAKE ARROWHEAD DR
WINTER HAVEN, FL 33880** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
Herring, Larry
214 Trade Wind Court
Lake Alfred, FL 33850** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
ARBUTHNOT, ALLEN
PO BOX 925
LAKE ALFRED, FL 33850** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
Reynolds, Barbara
1301 Avenue S NW
Winter Haven, FL 33881** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
COUNCELL, WES
651 CENTURY LANE
WINTER HAVEN, FL 33881** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
Quackenbush, Dorothy
471 Gulf Stream Drive N
Lake Alfred, FL 33850** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
ERICKSON, ERIC
84 WILKES DR
HAINES CITY, FL 33845** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
Knapp, Larry
101 Gum Road
Lake Alfred, FL 33850** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
KRAPP, KEN
283 PUTTER CIRCLE
WINTER HAVEN, FL 33881** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
Adams, Lon
1901 US Hwy 17-92 W #78
Lake Alfred, FL 33850** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
PETERSON, WILLIAM
193 FAIRWAY CIR.
WINTER HAVEN, FL 33881** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
Yoder, Terry
5 O'Hara Drive
Haines City, FL 33844** ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-08 (863) 956-1701

Date

Daytime Phone #