

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713758

FILED
Apr 20, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

220 W HAINES BLVD
LAKE ALFRED, FL 33850 US

Current Mailing Address:

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

New Mailing Address:

P O BOX 1227
LAKE ALFRED, FL 33850 US

FEI Number: 71-3758631 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELSENHEIMER, LISA
48 SHADY OAK AVE.
LAKE WALES, FL 338535326 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: HERRING, LARRY
Address: 214 TRADE WIND COURT
City-St-Zip: LAKE ALFRED, FL 33850

Title: V () Delete
Name: REYNOLDS, BARBARA
Address: 1301 AVE. S. NW
City-St-Zip: WINTER HAVEN, FL 33881

Title: T () Delete
Name: QUACKENBUSH, DOROTHY
Address: 471 GULF STREAM DRIVE. N.
City-St-Zip: LAKE ALFRED, FL 33850

Title: T () Delete
Name: KNAPP, LARRY
Address: 101 GUM ROAD
City-St-Zip: LAKE ALFRED, FL 33850

Title: T () Delete
Name: ADAMS, LON
Address: 1901 US HWY. 17-92 W #78
City-St-Zip: LAKE ALFRED, FL 33850

Title: T () Delete
Name: YODER, TERRY
Address: O'HARA DRIVE
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DORENCAMPER, TOM
Address: 365 ASHLEY DRIVE
City-St-Zip: HAINES CITY, FL 33844

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: T (X) Change () Addition
Name: HEDRICK, KYLE
Address: 2020 LEISURE DRIVE
City-St-Zip: WINTER HAVEN, FL 33881

Title: T (X) Change () Addition
Name: METZGAR, BARBARA
Address: 10 CLUB COURT
City-St-Zip: HAINES CITY, FL 33844

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: TOM DORENCAMPER

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date