2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2008
Secretary of State

DOCUMENT# 716308

Entity Name: THE FIRST UNITED METHODIST CHURCH OF BARTOW, FLORIDA INC.

Current Principal Place of Business:

455 SOUTH BROADWAY AVENUE
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

455 SOUTH BROADWAY AVENUE
BARTOW, FL 33830

New Mailing Address:

FEI Number: 59-6140365 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ETHEREDGE, EDWARD PD
1850 MARIPOSA
BARTOW, FL 33830 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:	D	( ) Delete
Name:	JACKSON, JAN	
Address:	690 E CHURCH STREET	
City-St-Zip:	BARTOW, FL 33830	
Title:	D	( ) Delete
Name:	PRESNELL, ERIC	
Address:	1975 DE LAS FLORES AVE.	
City-St-Zip:	BARTOW, FL 33830	
Title:	D	( ) Delete
Name:	ROGERS, ALEX	
Address:	1540 ROSA CT.	
City-St-Zip:	BARTOW, FL 33830	
Title:	D	( ) Delete
Name:	HUTTO, JOHN	
Address:	1165 E. GEORGE ST.	
City-St-Zip:	BARTOW, FL 33830	
Title:	PD	( ) Delete
Name:	ETHEREDGE, EDWARD	
Address:	1850 MARIPOSA	
City-St-Zip:	BARTOW, FL 33830	
Title:	SD	( ) Delete
Name:	TUCKER, DOROTHY	
Address:	2375 E.F. GRIFFIN RD	
City-St-Zip:	BARTOW, FL 33830	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	WAYNE, SNELL	
Address:	P.O.BOX 37	
City-St-Zip:	HOMELAND, FL 33847	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	ODOM, SARA	
Address:	930 SOLEDAD	
City-St-Zip:	BARTOW, FL 33830	

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: EDWARD ETHEREDGE PD 03/25/2008

Electronic Signature of Signing Officer or Director — Date