


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90012 005 ****61.25

DOCUMENT # 717104 1. Entity Name FIRST UNITED METHODIST CHURCH OF SARASOTA, INC.					
Principal Place of Business 104 S PINEAPPLE AVE SARASOTA, FL 34236			Mailing Address 104 S PINEAPPLE AVE SARASOTA, FL 34236		
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	03282007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-0637841				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
YOUNG, RALPH 3268 DUNCAN AVE SARASOTA, FL 34239-6601			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u><i>Ralph O. Young</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>4-12-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARBER, JOCELYN		NAME		
STREET ADDRESS	775 TYLER DR		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 342362105		CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YOUNG, RALPH		NAME		
STREET ADDRESS	3268 DUNCAN AVE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 342396601		CITY-ST-ZIP		
TITLE	VPD <input checked="" type="checkbox"/> Delete		TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOUSTON, LARRY		NAME	Penington, Alice	
STREET ADDRESS	522 BENJAMIN LANE		STREET ADDRESS	2206 Sunnyside Lane	
CITY-ST-ZIP	ENGLEWOOD, FL 34223		CITY-ST-ZIP	Sarasota, FL 34239-4603	
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANCIS, JERRY		NAME		
STREET ADDRESS	888 BLVD OF THE ARTS 506		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u><i>Ralph O. Young</i></u> , President/Director <u>4-12-07</u>			941 955-0935		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		