2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State
02-26-2007 90069 019 ****70.00

DOCUMENT # 720992

1. Entity Name
THE FIRST UNITED METHODIST CHURCH OF HUDSON, FLORIDA, INC.

Principal Place of Business	Mailing Address
13123 US HIGHWAY 19 HUDSON, FL 34667-1768 US	13123 US HIGHWAY 19 HUDSON, FL 34667-1768

02162007 Chg-NP CR2E037 (12/06)

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

4. FEI Number 59-1590960 ☐ 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
BANDY, WILLIAM 8949 POE DRIVE HUDSON, FL 34667-8517	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, 2007

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	TR ANGEL, NICK 3340 BAUGH DRIVE NEW PORT RICHEY, FL 34655	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR ROCKWELL, RODNEY 8536 BRAXTON DRIVE HUDSON FL 34667	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MARTIN, DONNA 6536 BEACH BLVD HUDSON, FL 346671939	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MARTIN, DONNA 6536 BEACH BLVD. HUDSON FL 34667	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR VALENTINE, ROBERT 10804 CEDAR BREAKS DR PORT RICHEY, FL 346683009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SCHRAMM, LARRY 6009 SEA RANCH DR. #209 HUDSON FL 34667	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR PUTT, VIVIAN 8606 ASHBURY DRIVE HUDSON, FL 346676927	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR GAMEL, KAREN 14133 CHESTERFIELD TRL. HUDSON FL 34669	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR RICHARD, DALE 10204 HUDSON AVENUE HUDSON, FL 346691041	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR JONES, BILL 13715 WOODWARD DR. HUDSON FL 34667	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GIBEAU, JOHN 8904 MARTINIQUE LANE PORT RICHEY, FL 346685959	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR LUMBARD, GEORGI 10936 EARHART DR. NEW PORT RICHEY FL 34654	☐ 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.

X **SIGNATURE:** William Bandy WILLIAM BANDY 727/868-6178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #