

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90017 030 ****61.25

DOCUMENT # 721850 1. Entity Name THE FIRST UNITED METHODIST CHURCH OF SEBRING, FLORIDA					
Principal Place of Business 105 S.PINE AVE SEBRING, FL 33870 US			Mailing Address 105 S.PINE AVE SEBRING, FL 33870 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0760205	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
IRVINE, DELORES 125 S. PINE ST 105 S. Pine Ave SEBRING, FL 33870				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 <u>DELORES J. IRVINE</u> <i>Dolores J. Irvine</i> <u>1-26-05</u> 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, 2005		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	C	☒ Delete	TITLE	Rapp, Robert	☒ Change ☐ Addition
NAME	WILLIAMS, EDWARD		NAME	2521 Pinewood Blvd	
STREET ADDRESS	437 WHIPDOOR WILL DR		STREET ADDRESS	Sebring, FL 33870	
CITY-ST-ZIP	SEBRING, FL 33872		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SPRINGER, JOANN L		NAME		
STREET ADDRESS	6312 MATANZAS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 33872		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	IRVINE, DELORES		NAME		
STREET ADDRESS	2682 S FLAMINGO RD		STREET ADDRESS		
CITY-ST-ZIP	AVON PARK, FL 33825		CITY-ST-ZIP		
TITLE	V	☒ Delete	TITLE	Jernigan, William H	☒ Change ☐ Addition
NAME	POLLARD, ROBERT		NAME	1257 Edgewater Point Dr	
STREET ADDRESS	237 MICCO AVE		STREET ADDRESS	Sebring, FL 33870	
CITY-ST-ZIP	SEBRING, FL 33870		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	D Mettaver, Alberta	☐ Change ☒ Addition
NAME	JERNIGAN, WILLIAM H		NAME	218 Swallow Ave	
STREET ADDRESS	1257 EDGEWATER POINT DR		STREET ADDRESS	Sebring, FL 33872	
CITY-ST-ZIP	SEBRING, FL 338702202		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	RAPP, ROBERT		NAME		
STREET ADDRESS	2521 PINWOOD BLVD		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 33870		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Joann L. Springer <i>Joann L. Springer</i> <u>1/26/05</u> <u>863-385-5184</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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