2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#721850

FILED Jul 05, 2007 Secretary of State

Entity Name: THE FIRST UNITED METHODIST CHURCH OF SEBRING, FLORIDA

Current P	Principal Place of Business:	New Principal Place of Business:
126 S PIN	E STREET , FL 33870 US	
Current N	failing Address:	New Mailing Address:
	E STREET , FL 33870 US	
	r: 59-0760205 FEI Number Applied For () nce with s. 607.193(2)(b), F.S., the corporation did	FEI Number Not Applicable () Certificate of Status Desired () not receive the prior notice.
Name and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:
	ELORES E STREET , FL 33870 US	DOHMANN, RONALD 126 S PINE STREET SEBRING, FL 33870 US
	e named entity submits this statement for the e of Florida.	e purpose of changing its registered office or registered agent, or both
SIGNATU	RE: RONALD DOHMANN	07/05/2007
	Electronic Signature of Registered A	gent Date
FFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
lame: .ddress:	C () Delete RAPP, ROBERT 2521 PINEWOOD BLVD SEBRING, FL 33870	Title: () Change () Addition Name: Address: City-St-Zip:
ame: ddress: ity-St-Zip: itle: ame: ddress:	RAPP, ROBERT 2521 PINEWOOD BLVD	Title: () Change () Addition Name: Address:
lame: .ddress: bity-St-Zip: lame: .ddress: bity-St-Zip: litle: lame: .ddress:	RAPP, ROBERT 2521 PINEWOOD BLVD SEBRING, FL 33870 TD () Delete SPRINGER, JOANN L 6312 MATANZAS DRIVE	Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
itle: lame: .ddress: city-St-Zip:	RAPP, ROBERT 2521 PINEWOOD BLVD SEBRING, FL 33870 TD () Delete SPRINGER, JOANN L 6312 MATANZAS DRIVE SEBRING, FL 33872 S () Delete IRVINE, DOLORES 2682 S FLAMINGO RD	Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: S (X) Change () Addition Name: DOHMANN, RONALD Address: 4009 SEBRING AVENUE

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: JOANN L. SPRINGER MRS 07/05/2007