# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 25, 2009**
**Secretary of State**

DOCUMENT# 721850

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

**Current Principal Place of Business:**

126 S PINE STREET
SEBRING, FL 33870 US

**New Principal Place of Business:**

**Current Mailing Address:**

126 S PINE STREET
SEBRING, FL 33870 US

**New Mailing Address:**

**FEI Number: 59-0760205** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPRINGER, JOANN
126 S PINE STREET
SEBRING, FL 33870 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: C ( ) Delete
Name: RAPP, ROBERT
Address: 2521 PINEWOOD BLVD
City-St-Zip: SEBRING, FL 33870

Title: TD ( ) Delete
Name: SPRINGER, JOANN L
Address: 6312 MATANZAS DRIVE
City-St-Zip: SEBRING, FL 33872

Title: S ( ) Delete
Name: DOHMANN, RONALD
Address: 4009 SEBRING AVENUE
City-St-Zip: SEBRING, FL 33875

Title: V ( ) Delete
Name: JERNIGAN, WILLIAM H
Address: 1257 EDGEWATER POINT DR.
City-St-Zip: SEBRING, FL 33870

Title: D ( ) Delete
Name: COX, GORDON E
Address: 1422 NANCESOWEE AVE
City-St-Zip: SEBRING, FL 33870 27

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ROBERT RAPP C 03/25/2009

Electronic Signature of Signing Officer or Director — Date