

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 17, 2007
Secretary of State**

DOCUMENT# 724157

Entity Name: FIRST UNITED METHODIST CHURCH OF CLEARWATER, INC.

Current Principal Place of Business:

411 TURNER STREET
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

411 TURNER STREET
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 59-0747305 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEPHEN O. COLE RA
625 COURT STREET SUITE 200
CLEARWATER, FL 33756 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: CD () Delete
Name: HOWARD EUGENE, HUGHEY
Address: 535 S GLENWOOD AVE
City-St-Zip: CLEARWATER, FL 33756

Title: D () Delete
Name: TOM, CHRISTOPHER
Address: 1750 BRAXTON BRAGG LANE
City-St-Zip: CLEARWATER, FL 337651101

Title: DV () Delete
Name: RICHARD, OWEN IV
Address: 690 WEATHERSFIELD DR
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: HUGHES, DIANE
Address: 2310 DUNCAN DR
City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: D () Delete
Name: GRAHAM, MARTHA
Address: 1336 HIGHFIELD DR
City-St-Zip: CLEARWATER, FL 33764

Title: DS () Delete
Name: GALBRAITH, CONNIE
Address: 3180 SAN MATEO ST
City-St-Zip: CLEARWATER, FL 33759

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: D (X) Change () Addition
Name: BORST, TOM
Address: 854 SEACREAST
City-St-Zip: LARGO, FL 33771

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 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: STEPHEN COLE

RA

04/17/2007

Electronic Signature of Signing Officer or Director

_____ Date