

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90015 020 ****61.25

DOCUMENT # 726087

1. Entity Name

THE FIRST UNITED METHODIST CHURCH OF APOPKA, INC.



Principal Place of Business

201 SOUTH PARK AVE
APOPKA FL 32703

Mailing Address

201 SOUTH PARK AVE
APOPKA FL 32703

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number
59-1258663

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HUMPHREY, JACK JR
1140 MONTEAGLE CIRCLE
APOPKA FL 32712**

7. Name and Address of New Registered Agent

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 registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

TITLE **P** ☐ Delete
NAME **HUMPHREY, JACK JR**
STREET ADDRESS **1140 MONTEAGLE CIRCLE**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **V** ☒ Delete
NAME **HICKS-MEADOWS, BETTIE**
STREET ADDRESS **141 NO. CENTRAL AVE.**
CITY-ST-ZIP **APOPKA FL**

TITLE **ST** ☐ Delete
NAME **FISHER, SHARON**
STREET ADDRESS **3402 MEECE AVENUE**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **D** ☐ Delete
NAME **BORES, DONALD**
STREET ADDRESS **1724 STONEWOOD WAY**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **D** ☐ Delete
NAME **BEUSSE, JIM JR**
STREET ADDRESS **1490 GLENMORE DRIVE**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **D** ☒ Delete
NAME **JOHNSON, SHERI**
STREET ADDRESS **1732 GULF WINDS CT.**
CITY-ST-ZIP **APOPKA FL 32712**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition
NAME **RON DORSEY**
STREET ADDRESS **PO Box 654 J**
CITY-ST-ZIP **Apopka, FL 32704**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition
NAME **Bornmann, Susan**
STREET ADDRESS **487 Dream Lake DR.**
CITY-ST-ZIP **Apopka, FL 32712**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

[Signature]

3-29-06