2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#726099

FILED Aug 02, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 1500 KANNER HIGHWAY 1500 S. KANNER HIGHWAY P.O. BOX 539 STUART, FL 34994 STUART, FL 34995

New Mailing Address: Current Mailing Address:

P. O. BOX 539 STUART, FL 34995 US

FEI Number: 59-0816465 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

CLARK, DALE FARROW, JULIAN

1402 SW PENINSULA LANE 502 SW NORTH RIVER POINT DRIVE

PALM CITY, FL 34990 STUART, FL 34994 US

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: JULIAN FARROW 08/02/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete CLARK, DALE FARROW, JULIAN Name: Name: 1402 SW PENINSULA LANE Address: 502 SW NORTH RIVER POINT DRIVE Address: City-St-Zip: PALM CITY, FL 34990 City-St-Zip: STUART, FL 34994 Title: () Delete Title: (X) Change () Addition

LAWS-SCOTT, JEAN Name: Name: KIRKLAND, DARREN Address: 2199 NE GINGER TERRACE Address: 5609 SW GROVE STREET City-St-Zip: JENSEN BEACH, FL 34957 City-St-Zip: PALM CITY, FL 34990

Title: () Delete Title: (X) Change () Addition HEDGE, JAMES Name: FEDOREK, JOHN Name:

1277 SW JASMINE TRACE Address: 1550 MOCKINGBIRD CIRCLE Address: City-St-Zip: PORT SAINT LUCIE, FL 34986 City-St-Zip: PALM CITY, FL 34990

Title: () Delete Title: (X) Change () Addition Μ

CRIGHTON, JACQUELINE Name: Name: COLAN, MICHELLE 1669 SW ALBATROSS WAY Address: Address: 1500 S. KANNER HWY City-St-Zip: PALM CITY, FL 34990 City-St-Zip: STUART, FL 34995

Title: (X) Delete Title: () Change () Addition

SILLS, ANDREW Name: Name: 2422 SW OMEGA WAY Address: Address: City-St-Zip: STUART, FL 34997 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

BUEHLER, MARK Name: Name: Address: 729 SE MICHAELS COURT Address: STUART, FL 34997 City-St-Zip: 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: JULIAN FARROW CT 08/02/2007

Electronic Signature of Signing Officer or Director

Date