2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# 726099

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

Current Principal Place of Business:

1500 S. KANNER HIGHWAY
STUART, FL 34994 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 539
STUART, FL 34995 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

FARROW, JULIAN
502 SW NORTH RIVER POINT DRIVE
STUART, FL 34994 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:	CT	( ) Delete
Name:	FARROW, JULIAN	
Address:	502 SW NORTH RIVER POINT DRIVE	
City-St-Zip:	STUART, FL 34994	
Title:	CT	( ) Delete
Name:	KIRKLAND, DARREN	
Address:	5609 SW GROVE STREET	
City-St-Zip:	PALM CITY, FL 34990	
Title:	T	( ) Delete
Name:	FEDOREK, JOHN	
Address:	1277 SW JASMINE TRACE	
City-St-Zip:	PALM CITY, FL 34990	
Title:	M	(X) Delete
Name:	COLAN, MICHELLE	
Address:	1500 S. KANNER HWY	
City-St-Zip:	STUART, FL 34995	

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:	

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: MICHELLE WHITMAN FO 04/30/2008

Electronic Signature of Signing Officer or Director — Date