2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State
01-29-2008 90013 044 ****61.25

DOCUMENT # 729031

1. Entity Name
BOARD OF TRUSTEES, FIRST UNITED METHODIST CHURCH, LAND O'LAKES FLORIDA, INC.

Principal Place of Business	Mailing Address
6209 LAND O' LAKES BLVD. LAND O LAKES, FL 34638	6209 LAND O' LAKES BLVD. LAND O LAKES, FL 34638

01172008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-6193829 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ADAMS, MAUREEN 3420 LAKE PADGETT DRIVE LAND O LAKES, FL 34639	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 reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C ADAMS, MAUREEN 3420LAKE PADGETT DRIVE LAND O LAKES, FL 34639	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC CLAUDETTE, HENRY 3704 GREATWOOD CT LAND O LAKES, FL 34639	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC Boerner, Tom 22525 Southshore Dr Land O'Lakes, FL 34639	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR SALZGEBER, JIM 7252 WILD OAKS LN LAND O LAKES, FL 34637	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR Hawley, Deborah 3251 Bronze Leaf Pl Land O'Lakes, FL 34639	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR BOB, BEST 20801 LAKE PATIENCE RO LAND O LAKES, FL 34639	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR MICHAUD, WILFRID 22321 WILLOW LAKES DR LUTZ, FL 33549	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR BOERNER, TOM 22731 SOUTH SHORE DRIVE LAND O LAKES, FL 34639	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR Newman, Doug 6018 Thomas Circle Land O'Lakes, FL 34638	☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Maureen M. Adams 1/24/08 813-996-3533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #