


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90045 026 ****61.25

DOCUMENT # 732453 1. Entity Name FIRST UNITED METHODIST CHURCH / HOMOSASSA AREA INC.					
Principal Place of Business 8831 W BRADSHAW ST. HOMOSASSA, FL 34446 US			Mailing Address 8831 W BRADSHAW ST. HOMOSASSA, FL 34446 US		
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		Country		4. FEI Number 59-2167026	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SMITH, ELIZABETH 30 BYRSONIMA CT S HOMOSASSA, FL 34446			7. Name and Address of New Registered Agent Name MOORE, ALLEN D. Street Address (P.O. Box Number is Not Acceptable) 24 WOODFIELD CIRCLE City HOMOSASSA, FL Zip Code 34446		
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 <u><i>Allen D. Moore</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>3/15/2007</u>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	TCP SMITH, ELIZABETH 30 BYRSONIMA CT S HOMOSASSA, FL 34446	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/C MOORE, ALLEN D. 24 WOODFIELD CIRCLE HOMOSASSA, FL 34446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BAST, KATHRYN 54 BYRSONIMA CIR HOMOSASSA, FL 34446	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/VC EDWIN WHITE 9 DAHOON CT N HOMOSASSA, FL 34446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS LAMOUNTAIN, JACKIE 1523 N MARLBOROUGH LP CRYSTAL RIVER, FL 34429	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/S NANCY SHEAFFER 11163 W. BOUGANVILLE CT HOMOSASSA, FL 34487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KOHLER, CLARENCE 5591 W TICE CT HOMOSASSA, FL 34446	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Allen D. Moore</i></u> Allen D. Moore <u>3/15/2007</u> <u>352-476-8996</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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03082007 Chg-NP CR2E037 (12/06)