

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 12, 2009
Secretary of State

DOCUMENT# 745904

Entity Name: FAITH UNITED METHODIST CHURCH, INC.**Current Principal Place of Business:**12128 STATE ROAD 52
HUDSON, FL 34669**New Principal Place of Business:****Current Mailing Address:**12128 STATE ROAD 52
HUDSON, FL 34669**New Mailing Address:****FEI Number:** 59-1966559**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ALLEN, DEBBIE REV
13116 TOPFLITE COURT
HUDSON, FL 34669 US**Name and Address of New Registered Agent:**MUNSEN, DONNA
13500 SHADBERRY LANE
HUDSON, FL 34667 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: DONNA MUNSEN

05/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: O'SHAUGHNESSY, TOM
Address: 15043 COYOTE ROAD
City-St-Zip: HUDSON, FL 34669

Title: TD () Delete
Name: WARNER, VIOLA
Address: 11415 CAUSEWAY BLVD.
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: SD () Delete
Name: MILLION, EARL
Address: 4616 BAYWOOD MEADOWS APT 1
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D () Delete
Name: PEAK, THOMAS
Address: 10809 OSCEOLA DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D () Delete
Name: BERRYHILL, VIRGINIA
Address: 10365 OSCEOLA DR
City-St-Zip: NEW PORT RICHEY, FL 34654

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: REVERON, ERRICK
Address: 2634 RAVENDALE LANE
City-St-Zip: HOLIDAY, FL 34691

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: VIRGINIA BERRYHILL

D

05/12/2009

Electronic Signature of Signing Officer or Director

Date