2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# 758247

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

Current Principal Place of Business:

121 NORTH KNIGHTS AVENUE
BRANDON, FL 335104324 US

New Principal Place of Business:

Current Mailing Address:

120 NORTH KNIGHTS AVENUE
BRANDON, FL 335104323 US

New Mailing Address:

FEI Number: 59-0944283 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARRY, DAVID
1301 STEEPLE HILL CT
BRANDON, FL 335117655 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:	T	( ) Delete
Name:	CASE, WALLACE T JR	
Address:	4511 PORTOBELLO CIRCLE	
City-St-Zip:	VALRICO, FL 33596	
Title:	DV	( ) Delete
Name:	POLIZZI, JERAULD	
Address:	311 CARRIAGE CROSSING CR	
City-St-Zip:	BRANDON, FL 33510	
Title:	D	( ) Delete
Name:	LANCASTER, PAUL	
Address:	508 PINEWALK DRIVE	
City-St-Zip:	BRANDON, FL 33510	
Title:	DS	( ) Delete
Name:	BELL, ANNE	
Address:	1412 AUDREY DR	
City-St-Zip:	BRANDON, FL 33511	
Title:	DC	( ) Delete
Name:	WOODS, DAVID	
Address:	635 PENN NATIONAL RD	
City-St-Zip:	SEFFNER, FL 33584	
Title:	D	( ) Delete
Name:	COMBS, DOROTHY	
Address:	210 JAMES ST	
City-St-Zip:	BRANDON, FL 33510	

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:	
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: WALLACE CASE T 03/19/2009

Electronic Signature of Signing Officer or Director — Date