

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 02, 2007 8:00 am**  
**Secretary of State**

02-02-2007 90012 041 \*\*\*\*61.25



<b>DOCUMENT # 767683</b>	
1. Entity Name <b>FIRST UNITED METHODIST CHURCH OF KISSIMMEE, INC.</b>	
Principal Place of Business <b>101 W. DAKIN AVE. KISSIMMEE FL 34741</b>	Mailing Address <b>101 W. DAKIN AVE. KISSIMMEE FL 34741</b>
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number <b>59-0624390</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>
CROTTY, RC 1416 NEPTUNE RD KISSIMMEE FL 34744		Name <b>Richard Chapman</b>
		Street Address (P.O. Box Number is Not Acceptable) <b>1621 Lund Avenue</b>
		City <b>Kissimmee</b> FL Zip Code <b>34744</b>
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		DATE
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
NAME S FALCON, MICHELLE	STREET ADDRESS 11208 HURN CT	CITY ST ZIP ORLANDO FL 32821	<input checked="" type="checkbox"/> Delete	NAME Jennifer Smith	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 11208 HURN CT	CITY ST ZIP ORLANDO FL 32821			STREET ADDRESS 2000 Shadow Oak Road	CITY ST ZIP Kissimmee, FL 34744-5307
NAME T HARDIN, CHARLES	STREET ADDRESS 4820 LAKE CECILE DR	CITY ST ZIP KISSIMMEE FL 34741	<input type="checkbox"/> Delete	NAME Andy Smith	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 4820 LAKE CECILE DR	CITY ST ZIP KISSIMMEE FL 34741			STREET ADDRESS 1521 Maryland Ave.	CITY ST ZIP St. Cloud, FL 34769-4546
NAME T LYNCH, CRAIG	STREET ADDRESS 4405 ALBRITTON RD	CITY ST ZIP SAINT CLOUD FL 34772	<input type="checkbox"/> Delete	NAME Mert Ferguson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 4405 ALBRITTON RD	CITY ST ZIP SAINT CLOUD FL 34772			STREET ADDRESS 1790 Orange View Ct.	CITY ST ZIP Kissimmee, FL 34746-4021
NAME T MORGAN, JENE	STREET ADDRESS 1530 CHERI CT	CITY ST ZIP KISSIMMEE FL 34744	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1530 CHERI CT	CITY ST ZIP KISSIMMEE FL 34744				
NAME D CROTTY, R C	STREET ADDRESS 1416 NEPTUNE RD	CITY ST ZIP KISSIMMEE FL 34744	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1416 NEPTUNE RD	CITY ST ZIP KISSIMMEE FL 34744				
NAME C WILLIS, MEL	STREET ADDRESS 1901 LEMON AVE	CITY ST ZIP KISSIMMEE FL 34746	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1901 LEMON AVE	CITY ST ZIP KISSIMMEE FL 34746				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **Richard Chapman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_