

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90029 004 ****70.00

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1. Entity Name
FIRST UNITED METHODIST CHURCH OF ALACHUA, INC.



Principal Place of Business
**14805 NW 140 STREET
ALACHUA, FL 32616**

Mailing Address
**P O BOX 668
ALACHUA, FL 32616**

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

01032008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-1579665

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

**BINGHAM, MARVIN W JR
14811 NW 140 STREET
PO BOX 1930 (MAIL)
ALACHUA, FL 32616**

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

TITLE PD
NAME HARTLEY, ROBERT L ☐ Delete
STREET ADDRESS 12203 W STATE ROAD 285
CITY-ST-ZIP ALACHUA, FL 32616

TITLE D ☒ Delete
NAME SPENCER, DAVID
STREET ADDRESS 27619 NW 182 AVE
CITY-ST-ZIP ALACHUA, FL 32615

TITLE VPD ☐ Delete
NAME WILSON, TEDA
STREET ADDRESS 17366 NW 78TH AVE
CITY-ST-ZIP ALACHUA, FL 32615

TITLE T ☐ Delete
NAME BURNS, JANE
STREET ADDRESS 20104 NW 184 TERR
CITY-ST-ZIP HIGH SPRINGS, FL 32643

TITLE SD ☒ Delete
NAME MILLS, CATHY
STREET ADDRESS 13010 NW 123 PL
CITY-ST-ZIP ALACHUA, FL 32615

TITLE D ☐ Delete
NAME KIDGER, JAN
STREET ADDRESS 5731 NW 31 TERR
CITY-ST-ZIP GAINESVILLE, FL 32653

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME *D Lloyd Whann*
STREET ADDRESS *14317 NW 41 AVE*
CITY-ST-ZIP *Neaberry, FL 32669*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME *SD Jennifer Lindsey*
STREET ADDRESS *20805 NW 70 AVE*
CITY-ST-ZIP *Alachua, FL 32615*

TITLE ☒ Change ☐ Addition
NAME *Jan Kidney*
STREET ADDRESS
CITY-ST-ZIP

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 affidavit with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/08

Date

Daytime Phone #