

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

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000009363

1. Entity Name

THE FIRST UNITED METHODIST CHURCH OF PLANT
CITY, FLORIDA, INC.



Principal Place of Business

303 NORTH EVERS STREET
PLANT CITY, FL 33563

Mailing Address

303 NORTH EVERS STREET
PLANT CITY, FL 33563



01172007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0725541

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRINKLE, ROBERT S
121 NORTH COLLINS STREET
PLANT CITY, FL 33563

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRKWOOD, KEVIN 1001 NORTH ROUX STREET PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUSSELWHITE, WILLIAM 1607 WOODSIDE DRIVE PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NORMAN, RICK 303 N EVERS ST PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SEDLA, JOE 303 N EVERS ST PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTCHER, DAVID 808 SYLVAN DRIVE PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EDWARDS, ROBERT 303 N EVERS ST PLANT CITY, FL 33563

U000000634262
02/22/07-80002-020 61.25

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rick Norman

2/5/07 813-7526711