


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90085 012 ****61.25

DOCUMENT # N03000003605

1. Entity Name
FIRST UNITED METHODIST CHURCH OF CHATTAHOOCHEE, FLORIDA, INC.



Principal Place of Business
18 W MARION STREET CHATTAHOOCHEE, FL 32324

Mailing Address
18 W MARION STREET CHATTAHOOCHEE, FL 32324

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

1072008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-0791018

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent

GARNER, ELMON L
122 BONITA STREET
CHATTAHOOCHEE, FL 32324

7. Name and Address of New Registered Agent

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 _____ (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	D	<input type="checkbox"/> Delete
NAME	SCOTT, L.F.	
STREET ADDRESS	730 CHATTAHOOCHEE ST	
CITY-ST-ZIP	CHATTAHOOCHEE, FL 32324	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARNER, ELMON L	
STREET ADDRESS	122 BONITA ST	
CITY-ST-ZIP	CHATTAHOOCHEE, FL 32324	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, SPURGEON	
STREET ADDRESS	754 MAIN ST	
CITY-ST-ZIP	CHATTAHOOCHEE, FL 32324	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, PRISCELLA	
STREET ADDRESS	754 MORGAN AVE	
CITY-ST-ZIP	CHATTAHOOCHEE, FL 32324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clark, Priscella	
STREET ADDRESS	PO Box 133	
CITY-ST-ZIP	Chattahoochee, FL 32324	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 address with all other like empowered.

SIGNATURE: *Elmon L. Garner* **1-13-2008** **850-663-4475**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #