

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001870

FILED
Jan 19, 2007
Secretary of State

Entity Name: FIRST METHODIST UNIVERSITY, INC.

Current Principal Place of Business:

5125 INNES BROOKE CT
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

5125 INNES BROOKE CT
ORLANDO, FL 32808

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NUNEZ, GILBERTO
5125 INNES BROOKE CT
ORLANDO, FL 32808 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: DP () Delete
Name: NUNEZ, GILBERTO
Address: 5125 INNES BROOKE CT
City-St-Zip: ORLANDO, FL 32808

Title: DV () Delete
Name: MATEO, CESAR
Address: 5125 INNES BROOKE CT
City-St-Zip: ORLANDO, FL 32808

Title: DV () Delete
Name: CORTES, CARLOS
Address: 329 W HORNBEAM DR
City-St-Zip: LONGWOOD, FL 32779

Title: DT () Delete
Name: ANICO, ANTONIO
Address: 3729 SHADY GROVE DR
City-St-Zip: ORLANDO, FL 32810

Title: DS () Delete
Name: PERDOMO, AURELIANO
Address: 2753 UNITED KINGDOM CT
City-St-Zip: WINTER PARK, FL 32792

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: GILBERTO NUNEZ

DP

01/19/2007

Electronic Signature of Signing Officer or Director

Date