## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000001870

Address:

City-St-Zip:

Entity Name: FIRST METHODIST LINIVERSITY INC

FILED Jun 20, 2009 Secretary of State

Littly Na	me. TRST WETHODIST UNIVERSITT, II	vC.		
Current P	rincipal Place of Business:	New Principal Place of Business:		
	ES BROOKE CT D, FL 32808	4806 BALBOA DR ORLANDO, FL 32808		
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
	ES BROOKE CT D, FL 32808			
	: 30-0148487 FEI Number Applied For ( ) ce with s. 607.193(2)(b), F.S., the corporation di	FEI Number Not Applicable ( ) Certificate of Status Des d not receive the prior notice.	ired ( )	
Name and	I Address of Current Registered Agent	Name and Address of New Registered Agent	:	
	GILBERTO ES BROOKE CT D, FL 32808 US			
	e named entity submits this statement for the of Florida.	ne purpose of changing its registered office or registered ager	ıt, or both,	
SIGNATUI	RE:			
	Electronic Signature of Registered	Agent Date		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND D	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP ( ) Delete NUNEZ, GILBERTO 5125 INNES BROOKE CT ORLANDO, FL 32808	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	DV () Delete ANICO, ANTONIO 3729 SHADY GROVE ORLANDO, FL 32810	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	DS ( ) Delete CASTILLO, CARLOS 5200 CONA REEF CT ORLANDO, FL 32810	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	( ) Delete	Title: TES ( ) Change (X) Addition Name: VASQUEZ, DIOGENES Address: 5125 INNESBROOK CT City-St-Zip: ORLANDO, FL 32808		
Title: Name:	( ) Delete	Title: DS ( ) Change (X) Addition Name: MELENDEZ, JOSE		

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

4806 BALBOA DR

ORLANDO, FL 32808

SIGNATURE: GILBERTO NUNEZ PRES 06/20/2009