

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90009 039 ****61.25

DOCUMENT # N04000003915

1. Entity Name



**FIRST UNITED METHODIST CHURCH OF DEFUNIAK
SPRINGS, FLORIDA, INC.**

Principal Place of Business

Mailing Address

**88 CIRCLE DR.
DEFUNIAK SPRINGS FL 32435**

**P. O. BOX 9
DEFUNIAK SPRINGS FL 32435**



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

4. FEI Number

59-0877823

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREEN, WILLIAM H
664 BALDWIN AVE.
DEFUNIAK SPRINGS FL 32435**

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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 | BAKER, THOMAS D | |
| STREET ADDRESS | 491 ATE RANCH ROAD | |
| CITY-ST-ZIP | DEFUNIAK SPRINGS FL 32433 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BEASLEY, BOBBY | |
| STREET ADDRESS | 51 JACKSON AVENUE | |
| CITY-ST-ZIP | DEFUNIAK SPRINGS FL 32435 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | TURNER, NORMAN | |
| STREET ADDRESS | 2272 SPRING LANE ROAD | |
| CITY-ST-ZIP | DEFUNIAK SPRINGS FL 32433 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | ALFRED, SHANNON | |
| STREET ADDRESS | 79 TIMBER WIND DR | |
| CITY-ST-ZIP | DEFUNIAK SPRINGS FL 32433 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FIKE, GARY | |
| STREET ADDRESS | 970 KINGS LAKE BLVD | |
| CITY-ST-ZIP | DEFUNIAK SPRINGS FL 32433 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LATHINGHOUSE, MARIE | |
| STREET ADDRESS | 148 PLATEAU AVENUE | |
| CITY-ST-ZIP | DEFUNIAK SPRINGS FL 32435 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Burgess, Susan | |
| STREET ADDRESS | P.O. Box 301 | |
| CITY-ST-ZIP | DeFuniak Spgs, FL 32435 | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Joe Baker | |
| STREET ADDRESS | 4594 State Hwy 83 | |
| CITY-ST-ZIP | DeFuniak Spgs, FL 32433 | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Jim Willoughby | |
| STREET ADDRESS | 435 Paul Road | |
| CITY-ST-ZIP | DeFuniak Spgs, FL 32433 | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Don Counts | |
| STREET ADDRESS | 359 Shoemaker Drive | |
| CITY-ST-ZIP | DeFuniak Spgs, FL 32433 | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Garry Morrison | |
| STREET ADDRESS | P.O. Box 1582 | |
| CITY-ST-ZIP | DeFuniak Spgs, FL 32435 | |
| 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 Section 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

2-20-07

Date

Daytime Phone #