


# 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

<b>DOCUMENT # N04000003915</b> 1. Entity Name <b>FIRST UNITED METHODIST CHURCH OF DEFUNIAK SPRINGS, FLORIDA, INC.</b>			
Principal Place of Business <b>88 CIRCLE DR. DEFUNIAK SPRINGS FL 32435</b>		Mailing Address <b>P. O. BOX 9 DEFUNIAK SPRINGS FL 32435</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number <b>59-0877823</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			

<b>6. Name and Address of Current Registered Agent</b>  <b>GREEN, WILLIAM H 664 BALDWIN AVE. DEFUNIAK SPRINGS FL 32435</b>		<b>7. Name and Address of New Registered Agent</b>	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
State		State	
Zip Code		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D BAKER, THOMAS D 491 ATESS RANCH ROAD DEFUNIAK SPRINGS FL 32433	TITLE	Burgess, Susan P.O. Box 301 DeFuniak Spgs, FL 32435
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	D BEASLEY, BOBBY 51 JACKSON AVENUE DEFUNIAK SPRINGS FL 32435	TITLE	Joe Baker 4594 State Hwy 83 DeFuniak Spgs, FL 32433
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	D TURNER, NORMAN 2272 SPRING LANE ROAD DEFUNIAK SPRINGS FL 32433	TITLE	Jim Willoughby 435 Paul Road DeFuniak Spgs, FL 32433
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	D ALFRED, SHANNON 79 TIMBER WIND DR DEFUNIAK SPRINGS FL 32433	TITLE	Don Counts 359 Shoemaker Drive DeFuniak Spgs, FL 32433
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	D FIKE, GARY 970 KINGS LAKE BLVD DEFUNIAK SPRINGS FL 32433	TITLE	Garry Morrison P.O. Box 1582 DeFuniak Spgs, FL 32435
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	D LATHINGHOUSE, MARIE 148 PLATEAU AVENUE DEFUNIAK SPRINGS FL 32435	TITLE	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:**  2-20-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR