

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90022 010 \*\*\*\*61.25

**DOCUMENT # N04000003915**

1. Entity Name

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



Principal Place of Business

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

Mailing Address

**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

1st MOORE

CR2E037 (10/07)

Zip

Country

Zip

Country

4. FEI Number

**59-0877823**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Boy Scout Agent signature is required when reinstating)

DATE

**FILE NOW: 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 ☐ Delete  
NAME **BAKER, THOMAS D**  
STREET ADDRESS **491 ATEs RANCH ROAD**  
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE ☐ Delete  
NAME **BEASLEY, BOBBY**  
STREET ADDRESS **51 JACKSON AVENUE**  
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32435**

TITLE ☐ Delete  
NAME **WILLOUGHBY, JIM**  
STREET ADDRESS **435 PAUL RD**  
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE ☐ Delete  
NAME **COUNTS, DON**  
STREET ADDRESS **359 SHOEMAKER DR**  
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE ☐ Delete  
NAME **FIKE, GARY**  
STREET ADDRESS **970 KINGS LAKE BLVD**  
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE ☐ 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 ☐ Change ☐ Addition  
NAME **Jackson, Walt**  
STREET ADDRESS **441 Country Club Drive**  
CITY-ST-ZIP **Defuniak Springs, FL 32435**

TITLE ☐ Change ☐ Addition  
NAME **Caswell, Charles**  
STREET ADDRESS **171 Dogwood Road**  
CITY-ST-ZIP **Defuniak Springs, FL 32435**

TITLE ☐ Change ☐ Addition  
NAME **Baker, Joe**  
STREET ADDRESS **4594 State Hwy 83North**  
CITY-ST-ZIP **Defuniak Springs, FL 32433**

TITLE ☐ Change ☐ Addition  
NAME **Burgess, Susan**  
STREET ADDRESS **P.O. Box 301**  
CITY-ST-ZIP **Defuniak Springs, FL 32435**

TITLE ☐ Change ☐ Addition  
NAME **Morrison, Garry**  
STREET ADDRESS **P.O. Box 1582**  
CITY-ST-ZIP **Defuniak Springs, FL 32435**

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:

*Charles Caswell* Charles Caswell 01-27-08 892-5332