

**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 Mailing Address  
**88 CIRCLE DR. P. O. BOX 9  
DEFUNIAK SPRINGS FL 32435 DEFUNIAK SPRINGS FL 32435**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State

4. FEI Number **59-0877823** Applied For Not Applicable

Zip Country Zip Country

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 \_\_\_\_\_ (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	D	<input type="checkbox"/> Delete
NAME	BAKER, THOMAS D	
STREET ADDRESS	491 ATEs 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 type="checkbox"/> Delete
NAME	WILLOUGHBY, JIM	
STREET ADDRESS	435 PAUL RD	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	D	<input type="checkbox"/> Delete
NAME	COUNTS, DON	
STREET ADDRESS	359 SHOEMAKER 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 type="checkbox"/> Addition
NAME	Jackson, Walt	
STREET ADDRESS	441 Country Club Drive	
CITY-ST-ZIP	eFuniak Springs, FL 32435	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Caswell, Charles	
STREET ADDRESS	171 Dogwood Road	
CITY-ST-ZIP	DeFuniak Springs, FL 32435	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Baker, Joe	
STREET ADDRESS	4594 State Hwy 83North	
CITY-ST-ZIP	DeFuniak Springs, FL 32433	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Burgess, Susan	
STREET ADDRESS	P.O. Box 301	
CITY-ST-ZIP	DeFuniak Springs, FL 32435	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Morrison, Garry	
STREET ADDRESS	P.O. Box 1582	
CITY-ST-ZIP	DeFuniak Springs, 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: *Charles Caswell* Charles Caswell 01-27-08 892-5332