

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008233

FILED
Feb 15, 2007
Secretary of State

Entity Name: FIRST UNITED METHODIST CHURCH OF CRESTVIEW, INC.

Current Principal Place of Business:

599 8TH AVE
CRESTVIEW, FL 32536

New Principal Place of Business:

Current Mailing Address:

599 8TH AVE
CRESTVIEW, FL 32536

New Mailing Address:

FEI Number: 59-0882860 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLTON, RAY
2138 FORREST AVE
CRESTVIEW, FL 32536 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: CAMPBELL, LINDA
Address: 613 LYNN BROOK WEST
City-St-Zip: CRESTVIEW, FL 32539

Title: T () Delete
Name: AMOS, DAVE
Address: 204 ROSEWOOD AVE
City-St-Zip: CRESTVIEW, FL 32536

Title: T () Delete
Name: POWELL, CANDACE
Address: 209 SECOND AVE
City-St-Zip: CRESTVIEW, FL 32536

Title: T () Delete
Name: BROOKS, BETTY
Address: 512 RISEN STAR DR
City-St-Zip: CRESTVIEW, FL 32539

Title: T () Delete
Name: GARRETT, DUDLEY
Address: 1000 KENNETH AVE
City-St-Zip: CRESTVIEW, FL 32536

Title: T () Delete
Name: BEARD, BILL
Address: 5625 APACHE RD
City-St-Zip: CRESTVIEW, FL 32539

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: ANDERSON, THOM
Address: 5857 DOGWOOD DR EAST
City-St-Zip: CRESTVIEW, FL 32539

Title: T (X) Change () Addition
Name: CASSITY, EMILY
Address: 1237 GABRIELLE DR
City-St-Zip: CRESTVIEW, FL 32536

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: LINDA CAMPBELL

SEC

02/15/2007

Electronic Signature of Signing Officer or Director

_____ Date