

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90006 039 ****70.00

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1. Entity Name
FIRST UNITED METHODIST CHURCH OF MILTON, INC.



Principal Place of Business
**6819 BERRYHILL STREET
MILTON, FL 32570**

Mailing Address
**6819 BERRYHILL STREET
MILTON, FL 32570**



01092008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1260951

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MEDDERS, G
5520 SHAMROCK STREET
MILTON, FL 32570**

**DO NOT WRITE
IN THIS SPACE**

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)

29 JAN 2008

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	HODGES, JOHN <i>Louise Driggers</i>
STREET ADDRESS	5441 ROWE TRAIL <i>6104 Spruce St.</i>
CITY-ST-ZIP	MILTON, FL 32571 <i>Milton, FL 32570</i>
TITLE	S
NAME	WAMBLE, FRANCES <i>Wayne Davis</i>
STREET ADDRESS	4809 JAIMES LEIGH DR <i>7026 Brown St.</i>
CITY-ST-ZIP	MILTON, FL 32570 <i>Milton, FL 32570</i>
TITLE	D
NAME	YOUNG, ROBERT
STREET ADDRESS	5005 FOREST CREEK DR
CITY-ST-ZIP	MILTON, FL 32571
TITLE	D
NAME	MCKINLEY, MIRIAM
STREET ADDRESS	P O BOX 857
CITY-ST-ZIP	MILTON, FL 32572
TITLE	CD
NAME	MEDDERS, G.
STREET ADDRESS	5520 SHAMROCK STREET
CITY-ST-ZIP	MILTON, FL 32570
TITLE	D
NAME	WILTS, RICHARD <i>Wills</i>
STREET ADDRESS	5374 SOLO GRANDE DRIVE
CITY-ST-ZIP	PENSACOLA, FL 32504

**DO NOT WRITE
IN THIS SPACE**

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

29 JAN 2008 850 683-6683

Date

Daytime Phone #