

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06851

FILED
Apr 26, 2009
Secretary of State

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

Current Principal Place of Business:

1310 KINGSWAY ROAD, SOUTH
SEFFNER, FL 33584

New Principal Place of Business:

Current Mailing Address:

1310 KINGSWAY ROAD, SOUTH
PO BOX 607
SEFFNER, FL 33584

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NELSON, CONNIE B
305 HALTON CIRCLE
SEFFNER, FL 33584 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: D () Delete
Name: BLANEY, JAMES
Address: 3021 KING PHILLIP WAY
City-St-Zip: SEFFNER, FL 33584

Title: D () Delete
Name: WHITNEY, JOSEPH
Address: 4819 GARDEN LANE
City-St-Zip: TAMPA, FL 33610

Title: D () Delete
Name: NELSON, ERIC K
Address: 305 HALTON CIR
City-St-Zip: SEFFNER, FL 33584

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FARNAND, WILLIAM
Address: 504 PREAKNESS PL.
City-St-Zip: SEFFNER, FL 33584

Title: D (X) Change () Addition
Name: MCKENZIE, RICK
Address: 413 HEDGEWAY DR.
City-St-Zip: VALRICO, FL 33594

Title: D (X) Change () Addition
Name: BILLMAIER, DEBBIE
Address: 6405 QUAIL MEADOW RD.
City-St-Zip: PLANT CITY, FL 33565

I hereby certify that the information supplied with this filing does not qualify 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: CONNIE B. NELSON

Electronic Signature of Signing Officer or Director

MRS.

04/26/2009

_____ Date