

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000697

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** FIRST UNITED METHODIST CHURCH - MARIANNA, INC.

**Current Principal Place of Business:**

2901 CALEDONIA STREET  
MARIANNA, FL 32446

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1503  
MARIANNA, FL 32447

**New Mailing Address:**

**FEI Number:** 59-0794393

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MCKIBBEN, ROBERT C DR.  
2901 CALEDONIA STREET  
MARIANNA, FL 32446 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: C ( ) Delete  
Name: STOUTAMIRE, KEN  
Address: 2901 CALEDONIA STREET  
City-St-Zip: MARIANNA, FL 32446

Title: VC ( ) Delete  
Name: FUQUA, JONATHAN  
Address: 2901 CALEDONIA STREET  
City-St-Zip: MARIANNA, FL 32446

Title: SEC ( ) Delete  
Name: MICHELS, JANE  
Address: 2901 CALEDONIA STREET  
City-St-Zip: MARIANNA, FL 32446

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VC (X) Change ( ) Addition  
Name: PORTERFIELD, JACK  
Address: 2901 CALEDONIA STREET  
City-St-Zip: MARIANNA, FL 32446

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

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: KEN STOUTAMIRE

C

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date