2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2008 8:00 am
Secretary of State
04-29-2008 90093 002 ****61.25

DOCUMENT # N10163

1. Entity Name

FIRST UNITED METHODIST CHURCH OF PERRY, INC.

Principal Place of Business	Mailing Address
302 NORTH JEFFERSON STREET PERRY FL 32347	P.O. BOX 487 PERRY FL 32348 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-0863352 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BARBAREE, EUNICE 1501 EAST GREEN ST PERRY FL 32347	Name: VIRGINIA TROFEMUK Street Address (P.O. Box Number is Not Acceptable): 209 W. CEDAR RD. City: PERRY FL Zip Code: 32347

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: Virginia Trofemuk DATE: Apr. 17, 2008
Signature, typed or printed name of registered agent and title if officer. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARBAREE, EUNICE 1501 EAST GREEN ST PERRY FL 32347	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LAY DELEGATE VIRGINIA TROFEMUK 209 W. CEDAR RD. PERRY, FL. 32347	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S3 SOWELL, MARTHA 214 E. COLLEGE ST PERRY FL 32347	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RECORDING SECRETARY MADELINE MOORE 210 Pineland Rd. PERRY, FL. 32348	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MOCK, CYNTHIA G 807 PUCKETT RD PERRY FL 32348	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRAWFORD, RALPH 121 E. PACE DR. PERRY FL 32347	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CO/C CURRY, BRUCE 1619 HOUCK RD PERRY FL 32348	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Virginia Trofemuk Apr. 17, 2008 850 584-3028