

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10163

FILED  
Mar 01, 2009  
Secretary of State

**Entity Name:** FIRST UNITED METHODIST CHURCH OF PERRY, INC.

**Current Principal Place of Business:**

302 NORTH JEFFERSON STREET  
PERRY, FL 32347

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 487  
PERRY, FL 32348 US

**New Mailing Address:**

**FEI Number:** 59-0863352

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TROFEMUK, VIRGINIA  
209 W. CEDAR RD.  
PERRY, FL 32347 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: TROFEMUK, VIRGINIA  
Address: 209 W. CEDAR RD.  
City-St-Zip: PERRY, FL 32347

Title: S (X) Delete  
Name: MOORE, MADELINE  
Address: 210 PINELAND RD.  
City-St-Zip: PERRY, FL 32348

Title: TD ( ) Delete  
Name: MOCK, CYNTHIA G  
Address: 807 PUCKETT RD  
City-St-Zip: PERRY, FL 32348

Title: D ( ) Delete  
Name: CRAWFORD, RALPH  
Address: 121 E. PACE DR.  
City-St-Zip: PERRY, FL 32347

Title: CO/C ( ) Delete  
Name: CURRY, BRUCE  
Address: 1619 HOUCK RD  
City-St-Zip: PERRY, FL 32348

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

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: CYNTHIA G MOCK

TD

03/01/2009

Electronic Signature of Signing Officer or Director

Date