## 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N13898

FILED Feb 20, 2007 Secretary of State

Entity Name: THE FIRST UNITED METHODIST CHURCH, INC. OF MOUNT DORA

Current Principal Place of Business: New Principal Place of Business:

439 EAST FIFTH AVENUE MOUNT DORA, FL 32757 US

Current Mailing Address: New Mailing Address:

440 E 6TH AVE

MOUNT DORA, FL 32757 US

FEI Number: 59-0791019 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

UPLEGER, GARY 440 E. SIXTH AVE

MOUNT DORA, FL 32757 US

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: GARY UPLEGER

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 OWENS, LANCE
 Name:
 ANDREWS, DAVID

 Address:
 77 SUNRISE LANE
 Address:
 1216 OVERLOOK ROAD

 City-St-Zip:
 EUSTIS, FL 32726
 City-St-Zip:
 EUSTIS, FL 32726

Title: VP/T ( ) Delete Title: VP/T (X) Change ( ) Addition

Name: BOWMAN, JOHN Name: ROBERTS, MARTHA
Address: 5047 GREENBRIAR TRAIL Address: P.O. BOX 97

City-St-Zip: MOUNT DORA, FL 32757 City-St-Zip: TANGERINE, FL 32777

Title: ST ( ) Delete Title: ST (X) Change ( ) Addition

 Name:
 HINCHEE, JANET
 Name:
 NELSON, JUDITH

 Address:
 253 LEITH ST.
 Address:
 251 POND ROAD

 City-St-Zip:
 UMATILLA, FL 32784
 City-St-Zip:
 MT. DORA, FL 32757

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID ANDREWS PRES 02/20/2007