


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90052 018 ****70.00

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|--|---------|--|---------|
| DOCUMENT # N19256 | |  | |
| 1. Entity Name FIRST UNITED METHODIST CHURCH OF FORT WALTON, INC. | | | |
| Principal Place of Business 103 FIRST STREET, S.E. FORT WALTON BEACH FL 32548-2893 | | Mailing Address 103 FIRST STREET, S.E. FORT WALTON BEACH FL 32548-2893 | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1st MOORE CR2E037 (10/06)

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|--|--|--|--|
| 4. FEI Number 59-0939948 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent RIVERS, RALPH F 109 HOWELL DRIVE, NW FORT WALTON BEACH FL 32548 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
|---|--|---|--|

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | T HOUSE, KATHLEEN 203 HASTINGS FORT WALTON BEACH FL 32547 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | T VAUGHN, AUBREY 147 HOMWOOD DRIVE Fort Walton Beach, FL 32548 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T DAVIS, CAREN 122 MICHAEL AVE FORT WALTON BEACH FL 32547 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | T NICHOLSON, DENNIS 315 HOLMES BLVD FT. WALTON BEACH, FL 32548 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T BARNES, BUDDY 102 HOLMES BLVD FORT WALTON BEACH FL 32548 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | T THRALL, LARRY 504 MARLOWE DRIVE FT WALTON BEACH, FL 32547 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T HAYES, MITCH 4 PRYOR DRIVE MARY ESTHER FL 32569 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T GIBB, KEITH 408 SHERRY CIRCLE FORT WALTON BEACH FL 32548 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T STEVENSON, KARL PO BOX 1343 FORT WALTON BEACH FL 32547 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: Ralph F. Rivers **RALPH F. RIVERS** 1-30-07 850-243-9292