2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23541

FILED Mar 24, 2009 Secretary of State

Entity Name: FIRST UNITED METHODIST CHURCH OF SANFORD, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: C/O JAMES A BRADSHAW 419 PARK AVENUE SANFORD, FL 32771 **New Mailing Address: Current Mailing Address:** C/O JAMES A BRADSHAW 419 PARK AVENUE SANFORD, FL 32771 US FEI Number: 59-0751919 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: BRADSHAW, JAMES A 419 PARK AVE SANFORD, FL 32771 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete HEARD, FORMAN CLOUSE, KENNETH Name: Name: 101 EAST 7TH STREET Address: 2098 SNOOK DR Address: City-St-Zip: SANFORD, FL 32771 City-St-Zip: DELTONA, FL 32738 Title: Title: (X) Change () Addition () Delete HOUGHTON, MARC CLOUSE, KENNETH Name: Name: Address: 2098 SNOOK DR Address: 1750 BEACON DR City-St-Zip: DELTONA, FL 32738 City-St-Zip: SANFORD, FL 32771 Title: () Delete Title: (X) Change () Addition SMITH, NORMA SMITH, JIM Name: Name: 1205 E ONORA STREET Address: 1205 E ONORA STREET Address: City-St-Zip: SANFORD, FL 32773 City-St-Zip: SANFORD, FL 32773 Title: () Delete Title: (X) Change () Addition SMITH, ROBERT GREENE, SAM Name: Name: 116 EAST JINKINS CIRCLE Address: 518 WILLNER CIRCLE Address: City-St-Zip: SANFORD, FL 32771 City-St-Zip: SANFORD, FL 32773 Title: () Delete Title: () Change (X) Addition PEGRAM, WILLIAM Name: Name: 104 ALDEAN DR Address: Address: City-St-Zip: City-St-Zip: SANFORD, FL 32771 Title: () Delete Title: () Change (X) Addition WILLIAMS, JO-ANN Name: Name: Address: Address: 1616 SOUTH PINE RIDGE CIRCLE SANFORD, FL 32773 City-St-Zip: 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: KENNETH CLOUSE P 03/24/2009