2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24522

FILED Mar 08, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 263 KING STREET OVIEDO, FL 32765 **Current Mailing Address: New Mailing Address:** 263 KING STREET OVIEDO, FL 32765 FEI Number: 59-1350104 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: POWERS, JOHN 263 KING STREET OVIEDO, FL 32765 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: DTR () Delete () Change () Addition SMITH, SUSAN Name: Name: 1300 MACTAVANDASH DR Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: Title: () Delete Title: (X) Change () Addition ANNETTE, PURSELY Name: POLHILL, THOMAS Name: Address: 735 SYBILWOOD CIRCLE Address: 3032 HARBOUR LANDING WAY City-St-Zip: WINTER SPRINGS, FL 327083734 City-St-Zip: CASSELBERRY, FL 32707 Title: () Delete Title: () Change () Addition EVANS, DAVID Name: Name: 6617 LAKE CHARM CIRCLE Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: Title: **TRSR** () Delete Title: () Change () Addition Name: KRANZ, KEVIN Name: 395 TIMBERWOOD TRAIL Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: Title: () Delete Title: () Change () Addition WISE, JAMES Name: Name: 2790 RUNNING SPRINGS LOOP Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: Title: () Delete Title: (X) Change () Addition TWERDOCHLIB, CINDY LEBLEU, JIM Name: Name: Address: 877 WOODCREST WAY Address: 193 NORTH LAKE JESSUP AVE OVIEDO, FL 72765 OVIEDO, FL 72765 City-St-Zip: City-St-Zip:

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: JACQUELINE WISE AD 03/08/2007