


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90112 037 ****61.25

DOCUMENT # N29407 1. Entity Name FOREST UNITED METHODIST CHURCH, INC.					
Principal Place of Business 17635 EAST HIGHWAY 40 SILVER SPRINGS, FL 32688			Mailing Address 17635 EAST HIGHWAY 40 SILVER SPRINGS, FL 32688		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3379858	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BINGHAM, TOM 4994 S.E. 180TH TERR. OCKLAWAHA, FL 32179			Name Debbie Bell Street Address (P.O. Box Number is Not Acceptable) 2545 SE 175th Terrace City Silver Springs FL Zip Code 34488		
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 Debra M. Bell <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Debra M. Bell <small>(NOTE: Registered Agent signature required when reinstating)</small>		4.8.08 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2008		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	C <input checked="" type="checkbox"/> Delete	TITLE	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BINGHAM, TOM	NAME	Lloyd Cantrell		
STREET ADDRESS	4994 S.E. 180TH TERR.	STREET ADDRESS	2380 SE 173rd Court		
CITY-ST-ZIP	OCKLAWAHA, FL 32179	CITY-ST-ZIP	Silver Springs, FL 34488		
TITLE	VC <input checked="" type="checkbox"/> Delete	TITLE	VC <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FOSTER, JACK	NAME	Barry Decker		
STREET ADDRESS	2080 S.E. 169TH AVE. RD.	STREET ADDRESS	511 S.E. 180th Ave.		
CITY-ST-ZIP	SILVER SPRINGS, FL 34488	CITY-ST-ZIP	Ocklawaha, FL 32179		
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	STEWART, THELMA	NAME	Debbie Bell		
STREET ADDRESS	1754 S.E. 169TH TERR. RD.	STREET ADDRESS	2545 SE 175th Terrace		
CITY-ST-ZIP	SILVER SPRINGS, FL 34488	CITY-ST-ZIP	Silver Springs, FL 34488		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	TABARRINI, JOE	NAME	Randy Bell		
STREET ADDRESS	551 S.E. 129 CT.	STREET ADDRESS	2545 SE 175th Terrace		
CITY-ST-ZIP	SILVER SPRINGS, FL 34488	CITY-ST-ZIP	Silver Springs, FL 34488		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DECKER, BARRY	NAME	Martha Boswell		
STREET ADDRESS	511 S.E. 180TH AVE.	STREET ADDRESS	18901 E. Hwy. to Lot 57		
CITY-ST-ZIP	OCKLAWAHA, FL 32179	CITY-ST-ZIP	Silver Springs, FL 34488		
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	HEALD, BILL	NAME			
STREET ADDRESS	18700 S.E. 55TH PLACE	STREET ADDRESS			
CITY-ST-ZIP	OCKLAWAHA, FL 32179	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Debra M. Bell		Debra M. Bell		4.8.08 352.625.3762 <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					