
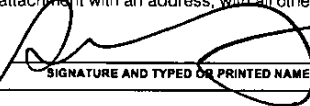


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-25-2008 90131 039 ****61.25

DOCUMENT # N30091 1. Entity Name FIRST UNITED METHODIST CHURCH OF WINTER GARDEN, INC.					
Principal Place of Business 125 N LAKEVIEW AVE WINTER GARDEN, FL 34787-3910			Mailing Address 125 N LAKEVIEW AVE WINTER GARDEN, FL 34787-3910		
2. Principal Place of Business - No P.O. Box # 125 N. Lakeview Ave.		3. Mailing Address 125 N. Lakeview Ave.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Winter Garden, FL		City & State Winter Garden, FL		4. FEI Number 59-0725543	
Zip 34787		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ASMA, WILLIAM N. 886 SOUTH DILLARD STREET WINTER GARDEN, FL 32787			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 '08		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEATING, TIMOTHY <input type="checkbox"/> Delete 802 TILDENVILL RD. WINTER GARDEN, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REYNOLDS, LEROY <input type="checkbox"/> Delete 13304 FOUNTAINBLEAU DR CLERMONT, FL 347115955		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BADGLEY, ANNE S <input checked="" type="checkbox"/> Delete 10 W. SMITH ST. WINTER GARDEN, FL 34787		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Sue L. Vandegrift <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1601 Mona Ave. Ocoee, FL 34761	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KARNEY, BOB <input checked="" type="checkbox"/> Delete 17121 LIVE OAK CT WINTER GARDEN, FL 34787		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Mark Winsor <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 120 Florida Ave. Winter Garden, FL 34787	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLAS, TODD <input type="checkbox"/> Delete 202 S. LAKEVIEW AVE. WINTER GARDEN, FL 34787		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINES, HANK <input type="checkbox"/> Delete 13526 LARSEN LANE WINTER GARDEN, FL 34787		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 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: 			Sue L. Vandegrift, Secy 4/23/08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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04222008 Chg-NP CR2E037 (12/06)