2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2009
Secretary of State

DOCUMENT# N37334

Entity Name: FIRST UNITED METHODIST CHURCH OF FORT WALTON BEACH, FLORIDA EMERGENCY SHELTER FAMILY HOME, INC.

Current Principal Place of Business:

103 FIRST STREET, SE
FT. WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

103 FIRST STREET, SE
FT. WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 59-3046742 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, SARAH P
103 FIRST ST
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

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:

Title:	D	( ) Delete
Name:	MCGEE, JOHN	
Address:	135 PERRY AVENUE	
City-St-Zip:	FT WALTON BEACH, FL 32548	
Title:	PD	( ) Delete
Name:	THOMAS, GORDON	
Address:	731 FOREST SHORES DRIVE	
City-St-Zip:	MARY ESTHER, FL 32569	
Title:	D	( ) Delete
Name:	NEIGHBORS, CHARLOTTE	
Address:	15 TALL PINES TR	
City-St-Zip:	SHALIMAR, FL 32579	
Title:	ST	( ) Delete
Name:	WILLIAMS, SARAH N	
Address:	18 MARINER LN	
City-St-Zip:	MARY ESTHER, FL 325692258	
Title:	D	( ) Delete
Name:	MARTIN, KATHEEN	
Address:	48 IOWA DR NE	
City-St-Zip:	FORT WALTON BEACH, FL 32548	
Title:	D	( ) Delete
Name:	MILLER, CAROLINE	
Address:	91 BAYWINDS DRIVE	
City-St-Zip:	DESTIN, FL 32541	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: SARA P. WILLIAMS ST 03/14/2009

Electronic Signature of Signing Officer or Director — Date