


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N39957 1. Entity Name THE FIRST UNITED METHODIST CHURCH OF INTERLACHEN, INC.	
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Principal Place of Business P.O. BOX 126 INTERLACHEN, FL 32148 US	Mailing Address P.O. BOX 126 INTERLACHEN, FL 32148 US
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01082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE


4. FEI Number 59-2405486	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

**MYERS, A C
242 NEW YORK STREET
N.W. CORNER NEW YORK ST & BISHOP AVE.
INTERLACHEN, FL 32148**

**DO NOT WRITE
IN THIS SPACE**

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  DATE _____
Signature, typed or printed name of registered agent and office applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2008**

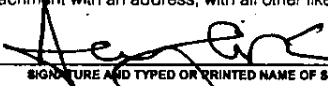
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC MILLER, DAVID 109 ROBERTS STREET INTERLACHEN, FL 32148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRIKELL, NANCY P.O. BOX 854 INTERLACHEN, FL 32148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEARCY, F. DURHAM 105 DOTTIE CT INTERLACHEN, FL 32148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U00000842589
03/11/08-80037-014 61.25

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:  **2/28/08 386-684-6511**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #