

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40784

FILED
Mar 08, 2009
Secretary of State

Entity Name: FIRST UNITED METHODIST CHURCH OF GREEN COVE SPRINGS, INC.

Current Principal Place of Business:

500 WALNUT STREET
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 85
GREEN COVE SPRINGS, FL 32043 US

New Mailing Address:

FEI Number: 59-2414082 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DUNN, AMY
107 NORTH PINE STREET
GREEN COVE SPRINGS, FL 32043 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: TR () Delete
Name: BESELER, JOAN
Address: 302 ST. JOHNS AVE.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: TC () Delete
Name: DUNN, AMY
Address: 107 N PINE ST
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: TR () Delete
Name: SHIELDS, ED
Address: 430 ST. JOHNS AVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: TR () Delete
Name: BOWLES, DON
Address: 1454 WILKIES POINT RD
City-St-Zip: GREEN COVE, FL

Title: TR () Delete
Name: BUNNELL, BEN
Address: 3844 RON RD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: TR () Delete
Name: CAREY, JIM
Address: 619 FERRIS ST
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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
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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: AMY DUNN

TC

03/08/2009

Electronic Signature of Signing Officer or Director

Date