

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 04, 2009  
Secretary of State**

DOCUMENT# N43366

Entity Name: FIRST UNITED METHODIST CHURCH OF CHIEFLAND, INC.

**Current Principal Place of Business:**

BOX 1086  
CHIEFLAND, FL 32644

**New Principal Place of Business:**

707 N. MAIN ST.  
CHIEFLAND, FL 32626

**Current Mailing Address:**

BOX 1086  
CHIEFLAND, FL 32644

**New Mailing Address:**

FEI Number: 59-2338375      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BEAUCHAMP, GREGORY V.  
107 E. PARK AVE.  
CHIEFLAND, FL 32626      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: T      ( ) Delete  
Name: MARTIN, WAYLAND G  
Address: 1801 SW 5TH STREET  
City-St-Zip: CHIEFLAND, FL 32626

Title: T      ( ) Delete  
Name: KING, NANCY  
Address: 209 NW 8TH STREET  
City-St-Zip: CHIEFLAND, FL 32626

Title: T      ( ) Delete  
Name: AUSTIN, ROBERT  
Address: 12150 NW 80TH AVE.  
City-St-Zip: CHIEFLAND, FL 32626

**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:

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: ROBERT AUSTIN

MR.

03/04/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date