2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44814

FILED Jul 17, 2006 Secretary of State

Entity Name: FIRST UNITED METHODIST CHURCH OF FORT PIERCE, INC.

Current Principal Place of Business: New Principal Place of Business: 616 ORANGE AVENUE FORT PIERCE, FL 34950 **Current Mailing Address: New Mailing Address:** 616 ORANGE AVENUE FORT PIERCE, FL 34950 FEI Number: 59-0662290 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STUBE, TODD PASTOR 616 ORANGE AVENUE FORT PIERCE, FL 34950 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition FLESCHE, FRANK SAWYER, STEVE Name: Name: 6605 S. INDIAN RIVER DR. Address: 2400 S OCEAN DRIVE #8184 Address: City-St-Zip: FT. PIERCE, FL 34982 City-St-Zip: FT. PIERCE, FL 34949 Title: Title: () Delete () Change () Addition KING, GLADYS Name: Name: Address: 3407 DELAWARE AVE. Address: City-St-Zip: FT. PIERCE, FL 34947 City-St-Zip: Title: () Delete Title: (X) Change () Addition HAWLEY, CRAIG Name: FURST, BILL Name: 8460 IMMOKOLEE RD. Address: Address: 5212 FEATHERCREEK City-St-Zip: FORT PIERCE, FL 34951 City-St-Zip: FORT PIERCE, FL 34951 Title: () Delete Title: () Change () Addition Name: WROBLESKI, MARY Name: Address: 2511 GREY TWIG LANE Address: City-St-Zip: FT. PIERCE, FL 34981 City-St-Zip: Title: () Delete Title: (X) Change () Addition NEVERS, DICK MCCLENNY, LYNN Name: Name: 436 EUGOPEAN LANE 272 EASY STREET Address: Address: City-St-Zip: FORT PIERCE, FL 34982 City-St-Zip: FORT PIERCE, FL 34982 Title: () Delete Title: () Change () Addition FOSTER, MIKE Name: Name: Address: 396 SW TODD AVE. Address: PORT ST. LUCIE, FL 34952 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: STEVE SAWYER D 07/17/2006