

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44814

FILED
Apr 21, 2009
Secretary of State

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

Current Principal Place of Business:

616 ORANGE AVENUE
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

616 ORANGE AVENUE
FORT PIERCE, FL 34950

New Mailing Address:

FEI Number: 59-0662290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLUME, SUE
616 ORANGE AVENUE
FORT PIERCE, FL 34950 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: FURST, BILL
Address: 5212 FEATHERCREEK
City-St-Zip: FORT PIERCE, FL 34951

Title: D () Delete
Name: MCCLENNY, LYNN
Address: 272 EASY STREET
City-St-Zip: FORT PIERCE, FL 34982

Title: D () Delete
Name: FOSTER, MIKE
Address: 396 SW TODD AVE.
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PARRISH, KEN
Address: 201 FERNANDINA ST
City-St-Zip: FORT PIERCE, FL 34949

Title: D (X) Change () Addition
Name: MC DERMID, TOMMIE
Address: 904 S 11TH ST
City-St-Zip: FORT PIERCE, FL 34950

Title: D (X) Change () Addition
Name: HARBER, FRANK
Address: 2795 TWIN OAKS TRAIL
City-St-Zip: FORT PIERCE, FL 34945

Title: D () Change (X) Addition
Name: SAWYER, JOAN
Address: 2400 S OCEAN DRIVE #8184
City-St-Zip: FORT PIERCE, FL 34949

Title: D () Change (X) Addition
Name: OTTLEY, HILTON
Address: 2586 SW DALPINA ROAD
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: D () Change (X) Addition
Name: TILLMAN, VICKI
Address: 435 WATERS DRIVE
City-St-Zip: FORT PIERCE, FL 34946

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: SUE BLUME

ADMI

04/21/2009

Electronic Signature of Signing Officer or Director

Date