

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N44814

**FILED**  
**Apr 10, 2012**  
**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  
Name: KRUEGER, KATHY  
Address: 6386 GARDENA STREET  
City-St-Zip: FORT PIERCE, FL 34982

Title: D  
Name: FOSTER, MICHAEL  
Address: 396 SW TODD AVENUE  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: D  
Name: SMITH, LISA  
Address: 10856 SW BLUE MESA WAY  
City-St-Zip: PORT ST LUCIE, FL 34987

Title: D  
Name: BRIDGES, JACK  
Address: 5720 BRIARGATE LANE  
City-St-Zip: FORT PIERCE, FL 34981

I hereby 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 all other like empowered.

SIGNATURE: SUE BLUME

AGEN

04/10/2012

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

\_\_\_\_\_  
Date