2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49419

FILED Apr 09, 2009 Secretary of State

Entity Name: THE FIRST UNITED METHODIST CHURCH OF NAPLES, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 388 FIRST AVENUE SOUTH NAPLES, FL 34102 **Current Mailing Address: New Mailing Address:** 388 FIRST AVENUE SOUTH NAPLES, FL 34102 FEI Number: 59-0823942 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEWIS, RONALD W JAEKLE, EDWARD F 4937 SAN PABLO CT 6660 HUNTLEY LN N NAPLES, FL 34109 US US NAPLES, FL 34104 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: EDWARD F JAEKLE 04/09/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition PROFFITT, JOHN JAEKLE, EDWARD F Name: Name: 600 CORAL DR Address: 6660 HUNTLEY LN N Address: City-St-Zip: NAPLES, FL 34102 City-St-Zip: NAPLES, FL 34104 Title: Title: (X) Change () Addition () Delete KLASSEN, BRUCE Name: VAN DYKEN, JERRY Name: Address: 4795 SAN CARLO CT Address: 4244 MONTALVO CT City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34109 Title: () Delete Title: () Change () Addition SUNYOG, RONALD E Name: Name: 4505 BEECHWOOD LAKE DRIVE Address: Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: LEWIS, RONALD Name: MORRIS, MICHAEL 4937 SAN PABLO CT 400 FOURTH AVE N Address: Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34102 Title: () Delete Title: () Change (X) Addition MENDES, ANTONE Name: Name: 730 SPRINGLINE DR Address: Address: City-St-Zip: City-St-Zip: NAPLES, FL 34102

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: EDWARD F JAEKLE T 04/09/2009