

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N49884

1. Entity Name
**THE FIRST UNITED METHODIST CHURCH OF
MELBOURNE, FLORIDA, INC.**



Principal Place of Business
**110 E NEW HAVEN AVENUE
MELBOURNE, FL 32901**

Mailing Address
**110 E NEW HAVEN AVENUE
MELBOURNE, FL 32901**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**THOMPSON, CHARLIE
2404 DUNBAR AVE
MELBOURNE, FL 32901**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: C
NAME: THOMPSON, CHARLIE
STREET ADDRESS: 942 PEACHLAND AVE
CITY-ST-ZIP: PALM BAY, FL 32907

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

**2404 DUNBAR AVE.
MELBOURNE, FL 32901**

TITLE: VC
NAME: NUETZMAN, KEITH
STREET ADDRESS: 942 PEACHLAND AVE
CITY-ST-ZIP: PALM BAY, FL 32907

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

NUETZMAN, KEITH

TITLE: T
NAME: COFFIN, RANDY
STREET ADDRESS: 3401 GRAN AVE
CITY-ST-ZIP: PALM BAY, FL 32905

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE: S
NAME: LYNCH, LINDA
STREET ADDRESS: 970 HUNT STREET, NW
CITY-ST-ZIP: PALM BAY, FL 32907

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLIE R. THOMPSON

Charlie R. Thompson

2-13-08

223-6761

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED
Feb 18, 2008 8:00 am
Secretary of State**

02-18-2008 90014 035 ****70.00

411112167411



02112008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-0674249

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**