

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

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90189 041 \*\*\*\*61.25

**DOCUMENT # N51132**  
 1. Entity Name  
**FIRST UNITED METHODIST CHURCH OF TAVARES, FLORIDA, INC.**



Principal Place of Business  
 600 W. LANTHE STREET  
 TAVARES, FL 32778 US

Mailing Address  
 PO BOX 1086  
 TAVARES, FL 32778

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

Suite, Apt. #, etc.  
**600 W. Ianthe Street**

City & State  
 City & State

Zip Country Zip Country



02212008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-0861877**

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

**6. Name and Address of Current Registered Agent**  
 JONES, DENMAN  
 600 W. IANTHE ST.  
 TAVARES, FL 32778

**7. Name and Address of New Registered Agent**  
 Name **Barham, John**  
 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 *Rhonda H. Hoffman* **2/22/08**  
 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**

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BOGGUS, ROBERT	
STREET ADDRESS	32009 HARRIS RD	
CITY-ST-ZIP	TAVARES, FL 32778	
TITLE	T	<input type="checkbox"/> Delete
NAME	RACZKOWSKI, RAY	
STREET ADDRESS	PO BOX 47	
CITY-ST-ZIP	ASTATULA, FL 34705	
TITLE	T	<input type="checkbox"/> Delete
NAME	STINSON, PAULA	
STREET ADDRESS	PO BOX 673	
CITY-ST-ZIP	TAVARES, FL 32778	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MOULTON, RICHARD	
STREET ADDRESS	1750 N NEW HAMPSHIRE AVE.	
CITY-ST-ZIP	TAVARES, FL 32778	
TITLE	T	<input type="checkbox"/> Delete
NAME	HEY, MARIE	
STREET ADDRESS	31328 ANDERSON DRIVE	
CITY-ST-ZIP	TAVARES, FL 32778	
TITLE	T	<input type="checkbox"/> Delete
NAME	SMAILES, BOB	
STREET ADDRESS	5789 BOUNTY CIRCLE	
CITY-ST-ZIP	TAVARES, FL 32778	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hoffman, Rhonda	
STREET ADDRESS	3401 N. Hwy 19A	
CITY-ST-ZIP	Mt. Dora, FL 32575	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Goodenough, Robert	
STREET ADDRESS	434 Peace Rd	
CITY-ST-ZIP	Tavares, FL 32778	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carter, Alan	
STREET ADDRESS	33637 Lakeshore Dr	
CITY-ST-ZIP	Tavares, FL 32778	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	True, Michael	
STREET ADDRESS	38005 Timberland Dr	
CITY-ST-ZIP	Umatilla, FL 32784	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hoffman, Wayne	
STREET ADDRESS	3401 N. Hwy 19A	
CITY-ST-ZIP	Mt. Dora, FL 32575	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Rhonda H. Hoffman* **2/22/08**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #