

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N51132

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

Current Principal Place of Business:

600 W. TANTHE STREET
TAVARES, FL 32778 US

New Principal Place of Business:

600 W. IANTHE STREET
TAVARES, FL 32778 US

Current Mailing Address:

PO BOX 1086
TAVARES, FL 32778

New Mailing Address:

FEI Number: 59-0861877 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BARHAM, JOHN
600 W. IANTHE ST.
TAVARES, FL 32778 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: C () Delete
Name: HOFFMAN, RHONDA
Address: 3401 N. HWY 19A
City-St-Zip: MT. DORA, FL 32575

Title: T () Delete
Name: RACZKOWSKI, RAY
Address: PO BOX 47
City-St-Zip: ASTATULA, FL 34705

Title: T () Delete
Name: STINSON, PAULA
Address: PO BOX 673
City-St-Zip: TAVARES, FL 32778

Title: T () Delete
Name: TRUE, MICHAEL
Address: 38005 TIMBERLAND DR.
City-St-Zip: UMATILLA, FL 32784

Title: T () Delete
Name: HEY, MARIE
Address: 31328 ANDERSON DRIVE
City-St-Zip: TAVARES, FL 32778

Title: T () Delete
Name: SMAILES, BOB
Address: 5789 BOUNTY CIRCLE
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: HOFFMAN, WAYNE
Address: 3401 N. HWY 19A
City-St-Zip: MT. DORA, FL 32575

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WAYNE HOFFMAN

C

04/15/2009

Electronic Signature of Signing Officer or Director

Date