

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51132

FILED
Feb 02, 2011
Secretary of State

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

Current Principal Place of Business:

600 W. IANTHE STREET
TAVARES, FL 32778 US

New Principal Place of Business:

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
Name: STILES, RANDY
Address: 22631 ROBBINS RD
City-St-Zip: ASTATULA, FL 34705

Title: T
Name: HOFFMAN, WAYNE
Address: 3401 N. HWY 19A
City-St-Zip: MOUNT DORA, FL 32757

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

Title: T
Name: CARTER, ALAN
Address: 33637 LAKESHORE DR.
City-St-Zip: TAVARES, FL 32778

Title: T
Name: BRESSIN, JOE
Address: 2863 MEDITERRANEAN LOOP
City-St-Zip: TAVARES, FL 32778

Title: T
Name: GOODENOUGH, BOB
Address: 434 PEACE RD.
City-St-Zip: TAVARES, FL 32778

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: RANDY STILES

C

02/02/2011

Electronic Signature of Signing Officer or Director

_____ Date