

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2008 8:00 am
Secretary of State

02-05-2008 90009 008 ****61.25

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1. Entity Name

FIRST UNITED METHODIST CHURCH OF GULFPORT,
FLORIDA, INC.



Principal Place of Business

2728 - 53RD STREET SOUTH
GULFPORT FL 33707

Mailing Address

2728 - 53RD STREET SOUTH
GULFPORT FL 33707

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

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-1233420

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEACOCK, THOMAS
5155 10TH AVE NORTH
SAINT PETERSBURG FL 33710

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

Thomas A. Peacock

Signature, typed or printed name of registered agent and title. (Typed name only)

(NOTE: Registered Agent signature is not used when resigning)

1/27/08

DATE

FILE NOW: 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 D ☒ Delete
NAME BURCHAM, GEORGE JR.
STREET ADDRESS 4685 15TH AVE S.
CITY- ST- ZIP SAINT PETERSBURG FL 33711

TITLE VC/D ☐ Delete
NAME COLLINS, RITA
STREET ADDRESS 5837 TANGERINE AVE SOUTH
CITY- ST- ZIP SAINT PETERSBURG FL 33707

TITLE D ☐ Delete
NAME JONES, RICHARD
STREET ADDRESS 5718 18TH AVE SOUTH
CITY- ST- ZIP GULFPORT FL 33707

TITLE D ☐ Delete
NAME SEALES, TODD
STREET ADDRESS 3743 DARTMOUTH AVE NORTH
CITY- ST- ZIP SAINT PETERSBURG FL 33713

TITLE D ☐ Delete
NAME SLICKER, CATHERINE
STREET ADDRESS 5521 28TH AVE S.
CITY- ST- ZIP SAINT PETERSBURG FL 33707

TITLE D ☐ Delete
NAME PEACOCK, THOMAS
STREET ADDRESS 5155 10TH AVE N.
CITY- ST- ZIP SAINT PETERSBURG FL 33710

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ 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 Section 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: X

Thomas A. Peacock

1/27/08