

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000959

FILED
Jan 06, 2010
Secretary of State

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

Current Principal Place of Business:

2728 - 53RD STREET SOUTH
GULFPORT, FL 33707

New Principal Place of Business:

Current Mailing Address:

2728 - 53RD STREET SOUTH
GULFPORT, FL 33707

New Mailing Address:

FEI Number: 59-1233420

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMANDOLA, LOUIS CH/D
2819 53RD ST. S.
GULFPORT, FL 33707 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: VC/D
Name: COLLINS, RITA
Address: 5837 TANGERINE AVE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33707 US

Title: D
Name: JONES, RICHARD
Address: 5718 18TH AVE SOUTH
City-St-Zip: GULFPORT, FL 33707 US

Title: D
Name: MYERS, LEROY
Address: 7418 4TH AVE. N.
City-St-Zip: SAINT PETERSBURG, FL 33710 US

Title: D
Name: SLICKER, MICHAEL T
Address: 7200 ULMERTON RD. UNIT D7
City-St-Zip: LARGO, FL 337771 US

Title: D
Name: VOSLER, MARK E
Address: 3849 50TH AVE. S.
City-St-Zip: SAINT PETERSBURG, FL 33711 US

Title: D
Name: SLICKER, CATHRINE
Address: 5521 28TH AVE S.
City-St-Zip: GULFPORT, FL 33707 US

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: LOUIS AMANDOLA

MR.

01/06/2010

Electronic Signature of Signing Officer or Director

Date