## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000003079

**FILED** Mar 29, 2009 Secretary of State

Entity Name: FIRST UNITED METHODIST CHURCH OF HAINES CITY, FLA., INC.

**Current Principal Place of Business: New Principal Place of Business:** 

21 S. SECOND ST. HAINES CITY, FL 33844

**Current Mailing Address: New Mailing Address:** 

21 S. SECOND ST HAINES CITY, FL 33844

FEI Number: 59-1573252 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JENKS, RICHARD DAVIS, SHARON 21 S. SECOND ST. 21 S. SECOND ST.

HAINES CITY, FL 33844 US US HAINES CITY, FL 33844

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: SHARON DAVIS 03/29/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

( ) Delete (X) Change ( ) Addition HONICK, DARREL E HONICK, DARREL E Name: Name:

P.O. BOX 1431 Address: P.O. BOX 1431 Address:

City-St-Zip: HAINES CITY, FL 33845 City-St-Zip: HAINES CITY, FL 33845 US

Title: () Delete Title: (X) Change ( ) Addition WALLACE, JAMES Name: TINCKNELL, GLENN Name: Address: 6624 WESTCHESTER DR Address: 1300 OLD POLK CITY ROAD City-St-Zip: WINTER HAVEN, FL 33881 City-St-Zip: HAINES CITY, FL 33844 US

Title: () Delete Title: (X) Change ( ) Addition WILSON, DANIEL WILSON, DANIEL Name: Name:

212 GENEVA DR Address: Address: 212 GENEVA DR City-St-Zip: WINTER HAVEN, FL City-St-Zip: WINTER HAVEN, FL 33881 US

Title: ( ) Delete Title: (X) Change ( ) Addition STEWART, CHARLES Name: Name: STEWART, CHARLES 1851 PENINSULAR DR. 1851 PENINSULAR DR. Address: Address: HAINES CITY, FL 33844 HAINES CITY, FL 33844 US

Title: () Delete Title: (X) Change ( ) Addition

WEED, JULIÉ WEED, JULIE Name: Name:

1701 COMMERCE AVE., LOT 63 1701 COMMERCE AVE., LOT 63 Address: Address: City-St-Zip: HAINES CITY, FL 33844 City-St-Zip: HAINES CITY, FL 33844 US

Title: () Delete Title: ( ) Change (X) Addition

WILLIAMS, CHARLES Name: Name: Address: Address: 215 SOUTH 1ST STREET HAINES CITY, FL 33844 US City-St-Zip: 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.

City-St-Zip:

SIGNATURE: DARREL E. HONICK CHAR 03/29/2009