


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000000873 1. Entity Name THE FIRST METHODIST CHURCH OF CALLAHAN, INC.	
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Principal Place of Business 449648 US HWY 301 CALLAHAN, FL 32011	Mailing Address PO BOX 157 CALLAHAN, FL 32011 US
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DO NOT WRITE IN THIS SPACE



01252008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3262968	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SLOAN, MARVIN
55372 COOK DR
CALLAHAN, FL 32011**

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE: NAME STREET ADDRESS CITY-ST-ZIP	D KARST, JOHN 54242 SHEFFIELD ROAD CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SLOAN, MARVIN 55372 COOK DR CALLAHAN, FL 320110157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAISE, JOHN 44017 GREE MEADOWS LN CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TANNER, BERTIE 45434 CIRCLE DR CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NORTH, HOWARD 43365 FREEDOM DR CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARVER, GARY 46174 MIDDLE ROAD CALLAHAN, FL 32011

U00000817933
02/15/08-80022-015 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Marvin L. Sloan Feb. 3, 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #