## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000002244

FILED Feb 26, 2009 Secretary of State

Entity Name: FIRST UNITED METHODIST CHURCH OF PACE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 4540 CHUMUCKLA HWY PACE, FL 32571 US **Current Mailing Address: New Mailing Address:** 4540 CHUMUCKLA HWY PACE, FL 32571 US FEI Number: 59-6561232 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: WEBB, JOHN F REV 4540 CHUMUCKLA HWY PACE, FL 32571 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete ROBERTS, ROY G MR SHARP, KEN MR Name: Name: 4243 SPINDLEWICK DR Address: 3437 ASHMORE LN Address: City-St-Zip: PACE, FL 32571 US City-St-Zip: PACE, FL 32571 US Title: Title: ( ) Delete () Change () Addition ANDREO, RON MR Name: Name: Address: 3545 VICTORY Address: City-St-Zip: PACE, FL 32571 US City-St-Zip: Title: () Delete Title: () Change () Addition FAIRCLOTH, NELSON MR Name: Name: Address: 3311 ABEL AVE Address: City-St-Zip: PACE, FL 32571 US City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: WAREN, MARY MRS Name: 3573 STRATFORD LN Address: Address: City-St-Zip: PACE, FL 32571 US City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition HURD, JIM DR CARR, GLEN MR Name: Name: 4770 TIMBERLAND DR 5675 RIDGE AVE Address: Address: MILTON, FL 32583 US City-St-Zip: PACE, FL 32571 US City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition THURMAN, ROBERT MR SMITH, ZINA MRS Name: Name: Address: 3568 VICTORY DR Address: 5516 INWOOD DR PACE, FL 32571 US PACE, FL 32571 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.

SIGNATURE: JOHN F WEBB REV 02/26/2009