

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90005 021 ****61.25

DOCUMENT # N95000000581

1. Entity Name
FIRST UNITED METHODIST CHURCH OF AUBURNDALE, INC.



Principal Place of Business
**316 ARIANA BLVD.
AUBURNDALE, FL 33823**

Mailing Address
**316 ARIANA BLVD.
AUBURNDALE, FL 33823**

40107000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05142008 Chg-NP CR2E037 (12/08)

City & State

City & State

4. FEI Number
59-1588227

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**FRIESEN, JACQUELINE
316 ARIANA BLVD
AUBURNDALE, FL 33823**

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

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 September 12, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
MATHA, DAVID
4203 LK MARIANNA DR.
WINTER HAVEN, FL 33881** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
PIERSON, ALLEN
913 LIBERTY LANE
AUBURNDALE, FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Tr
Lawrence Adams
146 Harbor Way
Auburndale, FL 33823** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
WNEK, MIKE
526 HILLSIDE DRIVE
AUBURNDALE, FL 33823** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Tr
Steve Wilbur
2014 Foxhollow Dr., Auburndale FL** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BAUERNSCHUB, DONNA
8595 TOMKOW RD
LAKELAND, FL 33809** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Tr
Joel Harshberger
510 Mandy, Auburndale FL** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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: *Lawrence Adams* Lawrence Adams

863-967-1262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #