2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000581

FILED Jaņ 16, 2<u>00</u>9 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 316 ARIANA BLVD. AUBURNDALE, FL 33823 **Current Mailing Address: New Mailing Address:** 316 ARIANA BLVD. AUBURNDALE, FL 33823 FEI Number: 59-1588227 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: FRIESEN, JACQUELINE 316 ARIANA BLVD AUBURNDALE, FL 33823 US 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: () Delete (X) Change () Addition MATHA, DAVID MATHA, DAVID Name: Name: 4203 LK MARIANNA DR. Address: 4203 LK MARIANNA DR. Address: City-St-Zip: WINTER HAVEN, FL 33881 City-St-Zip: WINTER HAVEN, FL 33881 Title: () Delete Title: () Change () Addition LAWRENCE, ADAMS Name: Name: Address: 146 HARBOR WAY Address: City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: Title: () Delete Title: (X) Change () Addition WILBUR, STEVE Name: WILBUR, STEVE Name: 2014 FOXHOLLOW DR 2014 FOXHOLLOW DR Address: Address: City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: AUBURNDALE, FL 33823 Title: () Delete Title: (X) Change () Addition HARSHBERGER, JOEL HARSHBERGER, JOEL Name: Name: Address: 510 MANDY Address: 510 MANDY City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: AUBURNDALE, FL 33823

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: LAWRENCE ADAMS TRUS 01/16/2009