


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90176 008 ****61.25

DOCUMENT # N95000001555					
1. Entity Name FIRST UNITED METHODIST CHURCH OF WAUCHULA, FLORIDA, INC.					
Principal Place of Business 207 NORTH 7TH AVENUE WAUCHULA, FL 33873		Mailing Address 207 NORTH 7TH AVENUE WAUCHULA, FL 33873			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0625634	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STENSTROM, CARL H 2220 U.S. HIGHWAY 17 SOUTH WAUCHULA, FL 33873			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 <u>Ruth B Roberts, Treasurer</u>				DATE <u>4-10-07</u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURTON, JOHN		NAME		
STREET ADDRESS	809 W PALMETTO ST		STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA, FL 33873		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNON, CHARLES		NAME		
STREET ADDRESS	405 S 10TH AVE		STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA, FL 33873		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMNER, MARDI		NAME		
STREET ADDRESS	P.O. BOX 1422		STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA, FL 33873		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, RUTH		NAME		
STREET ADDRESS	710 E BAY ST		STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA, FL 33873		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMPSON, JIM		NAME	HODGES, DR. ELVER	
STREET ADDRESS	1237 LOUISIANA STREET		STREET ADDRESS	1429 HWY. 64 WEST	
CITY-ST-ZIP	WAUCHULA, FL 33873		CITY-ST-ZIP	WAUCHULA, FL 33873	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Ruth B Roberts Treasurer</u>		Date <u>4-10-07</u>		Daytime Phone # <u>773-2818</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	