

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000002573**

1. Entity Name  
**FIRST UNITED METHODIST CHURCH OF MAYO, INC.**



Principal Place of Business  
**MAYO FIRST U M CHURCH  
P O BOX 433  
MAYO, FL 32066**

Mailing Address  
**MAYO FIRST U M CHURCH  
P O BOX 433  
MAYO, FL 32066**



01132007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2166635**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MCMILLAN, LEENETTE  
152 W MAIN ST STE C  
MAYO, FL 32066**

**DO NOT WRITE  
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

*Leenette McMillan*

(NOTE: Registered Agent signature required when reappointing)

*1/14/07*

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HART, JEAN
STREET ADDRESS	RT #3 HWY #27
CITY-ST-ZIP	MAYO, FL 32066
TITLE	C
NAME	MCMILLAN, WILLIAM R
STREET ADDRESS	RT 3, BOX 78
CITY-ST-ZIP	MAYO, FL 32066
TITLE	D
NAME	RONYON, LOUISE
STREET ADDRESS	173 NW POLK PATH
CITY-ST-ZIP	MAYO, FL 32066
TITLE	D
NAME	VANN, CHRIS
STREET ADDRESS	P.O. BOX 712
CITY-ST-ZIP	MAYO, FL 32066
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000590762  
01/18/07-80067-022 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

*William R McMillan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-8-07*

DATE

*386-294-1994*

Daytime Phone #