2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N95000005205

Entity Name: FIRST UNITED METHODIST CHURCH OF GAINESVILLE, FLORIDA, INC.

Current Principal Place of Business:

419 NE FIRST ST.
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

419 NE FIRST ST.
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 59-0624338 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LAWRENCE, F. PARKER
3720 NW 43RD STREET
SUITE 101
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

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:

Title: P ( ) Delete
Name: COUCH, LEON W
Address: 4057 NW 37TH TERRACE
City-St-Zip: GAINESVILLE, FL 32606 US

Title: V ( ) Delete
Name: VAN WINKLE, JOAN
Address: 3969 NW 27 LANE
City-St-Zip: GAINESVILLE, FL 32606 US

Title: D ( ) Delete
Name: BRUMFIELD, WILLIAM L
Address: 4332 CLEAR LAKE DRIVE
City-St-Zip: GAINESVILLE, FL 32607 US

Title: D ( ) Delete
Name: BRYAN, ANN E
Address: 3663 NW 46 PLACE
City-St-Zip: GAINESVILLE, FL 32605 US

Title: D ( ) Delete
Name: EMERSON, JAMES
Address: 10721 SE HWY 441
City-St-Zip: MICANOPY, FL 32667 US

Title: D ( ) Delete
Name: EMMANUEL, GEORGE W
Address: 723 NW 16 AVENUE
City-St-Zip: GAINESVILLE, FL 32601 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: LEON W COUCH P 04/21/2009

Electronic Signature of Signing Officer or Director — Date