2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008
Secretary of State

DOCUMENT# N96000006069

Entity Name: FIRST UNITED PENTECOSTAL CHURCH OF LONGWOOD, INC.

Current Principal Place of Business:

561 E. ORANGE AVE
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 520575
LONGWOOD, FL 32752

New Mailing Address:

FEI Number: 43-0679185 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HOBSON, WILLIAM J II
104 CEDAR HEIGHTS CT
SANFORD, FL 32771 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: BMT ( ) Delete
Name: ABNEY, ERNEST C
Address: 167 WALNUT CREST RUN
City-St-Zip: SANFORD, FL 32771

Title: BMT ( ) Delete
Name: RAMOS, JOSE
Address: 203 PANAMA RD.
City-St-Zip: WINTER SPRINGS, FL 32708

Title: PCD ( ) Delete
Name: HOBSON, WILLIAM J II
Address: 104 CEDAR HEIGHTS CT
City-St-Zip: SANFORD, FL 32771

Title: S ( ) Delete
Name: HOBSON, SHAWNA D
Address: 104 CEDAR HEIGHTS CT
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: BMT (X) Change ( ) Addition
Name: MAPAS, REYNALDO B
Address: 580 E. PALMETTO AVE
City-St-Zip: LONGWOOD, FL 32750 US

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: WILLIAM J. HOBSON II PCD 02/27/2008
Electronic Signature of Signing Officer or Director — Date