

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90020 016 ****61.25

DOCUMENT # N97000003000

1. Entity Name
THE MONTICELLO FIRST UNITED METHODIST CHURCH, INC.



Principal Place of Business
**325 WEST WALNUT ST.
P.O. BOX 307
MONTICELLO, FL 32345**

Mailing Address
**325 WEST WALNUT ST.
P.O. BOX 307
MONTICELLO, FL 32345**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03072007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1021585

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUCKINGHAM BIRD, T
220 S. CHERRY ST
MONTICELLO, FL 32345**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MESSER, ELIZABETH
P.O. BOX 135
MONTICELLO, FL 32345** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
Freeman, Larry
1608 Old Lloyd Rd.
Monticello, FL 32344** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
WHITTY, NANCY
1567 SPRING HOLLOW DR
MONTICELLO, FL 32344** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
Champion, Roger
7874 Gamble Rd.
Monticello, FL 32344** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
BELCHER, GARY
5240 ASHVILLE HWY
MONTICELLO, FL 32344** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
Sealey, Joyce
112 Silver Lake Rd.
Monticello, FL 32344** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
Ware, Rex
2006 Bushy Hall Rd.
Tallahassee, FL 32309** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Larry Freeman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-07

Date

Daytime Phone #