2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N97000003000



FILED Apr 29, 2008 8:00 am Secretary of State

THE MONTICELLO FIRST UNITED METHODIST CHURCH, INC.							04-29-2008 90088 044 ****61.25						
325 WEST WALNUT ST. P.O. BOX 307 P				Mailing Address 325 WEST WALNUT ST. P.O. BOX 307 MONTICELLO, FL 32345					(8 11)				11 11
2. Principal Place of Business - No P.O. Box #			3. Mail	3. Mailing Address									
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				04212008	Chg-NP		CR2E03	37 (12/06)	
City & State			Cit	City & State				4. FEI Number Applied Fo 59-1021585 Not Applied					oplied For ot Applicable
Zip	Country			Zip Cou			5. Certificate of Status Desired S8.75 Address Fee Require						
	6. Name	and Address of Curren	t Registere	d Agent				7. Name and	Address of I	lew Reg	istered /	Agent	
BUCKING	HAM BIRD	D. T				Name						_	
220 S. CHI MONTICEI	ERRY ST	,				Street A	ddress (F	P.O. Box Numbe	er is Not Acce	ptable)			
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						City					FL	Zip Cod	e
	named entiti ions of regist	y submits this statement tered agent.	for the purp	ose of changing its	register	ed office or	register	ed agent, or bol	th, in the State	of Florid	da.lami	familiar with,	and accept
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SIGNATURE.	Signature, typed	or printed name of registered age	nt and title if app	plicable. (NOTE	: Registere	id Agent signatu	re required	when reinstating)			DATE		
SIGNATURE .	Filing Fe	or printed name of registered age e is \$61.25 flay 1, 2008	nt and title if app	9. Election Can Trust Fund C	paign F	inancing		\$5.00 May B Added to Fees		Florid	œ checi a Depar	c payable t	tate
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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 AND TYPED OR PRINTED NAME DE SIGNING OFFICER/OR DIRECTOR SIGNATURE:

850-997-5545 Caytima Phone #