

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-29-2008 90088 044 ****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.

City & State

City & State

Zip

Country

Zip

Country

04212008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1021585

Applied For
Not Applicable

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, 2008**

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

TITLE **C** ☒ Delete
NAME **FREEMAN, LARRY**
STREET ADDRESS **1608 OLD LLOYD RD**
CITY-ST-ZIP **MONTICELLO, FL 32344**

TITLE **T** ☐ Delete
NAME **CHAMPION, ROGER**
STREET ADDRESS **7874 GAMBLE RD**
CITY-ST-ZIP **MONTICELLO, FL 32344**

TITLE **S** ☒ Delete
NAME **SEALEY, JOYCE**
STREET ADDRESS **112 SILVER LAKE RD**
CITY-ST-ZIP **MONTICELLO, FL 32344**

TITLE **V** ☐ Delete
NAME **WARE, REX**
STREET ADDRESS **2006 BUSHY HALL RD**
CITY-ST-ZIP **TALLAHASSEE, FL 32309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☐ Change ☒ Addition
NAME **Boyd, Hines**
STREET ADDRESS **735 W. Washington Steet**
CITY-ST-ZIP **Monticello, FL 32344**

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

TITLE **S** ☐ Change ☒ Addition
NAME **Jerger, Dean**
STREET ADDRESS **364 Nursery Road**
CITY-ST-ZIP **Monticello, Florida 32344**

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

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

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

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: *Dean W. Jerger*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/08

Date

850-997-5545

Daytime Phone #