

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006531

FILED  
Mar 05, 2008  
Secretary of State

Entity Name: FIRST METHODIST SCHOOL, INC.

## Current Principal Place of Business:

455 S BROADWAY AVE  
BARTOW, FL 33830

## New Principal Place of Business:

## Current Mailing Address:

455 S BROADWAY AVE  
BARTOW, FL 33830

## New Mailing Address:

FEI Number: 59-3485282

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FEATHERS, MARSHA  
455 S BROADWAY AVE  
BARTOW, FL 33830 US

## Name and Address of New Registered Agent:

HARRELSON, REBECCA L  
455 S BROADWAY AVE  
BARTOW, FL 33830 US

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: REBECCA L. HARRELSON

03/05/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HUFF, W P  
Address: 1895 HERMOSA AVE  
City-St-Zip: BARTOW, FL 33830

Title: D ( ) Delete  
Name: ROBBINS, NADINE  
Address: 555 W. VINE STREET  
City-St-Zip: BARTOW, FL 33830

Title: D ( ) Delete  
Name: HUTTO, JOHN  
Address: 1165 E. GEORGE STREET  
City-St-Zip: BARTOW, FL 33830

Title: D ( ) Delete  
Name: HARRELSON, GREG  
Address: 845 EAST GEROGE STREET  
City-St-Zip: BARTOW, FL 33830

Title: D ( ) Delete  
Name: COUTURIER, PAT  
Address: 3040 MISSION OAKS TRAIL  
City-St-Zip: BARTOW, FL 33830

Title: D ( ) Delete  
Name: MOHLER, LARRY  
Address: 1675 NORTH FLORAL AVENUE  
City-St-Zip: BARTOW, FL 33830

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition  
Name: HUFF, W P  
Address: 1895 HERMOSA AVE  
City-St-Zip: BARTOW, FL 33830

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

Title: D (X) Change ( ) Addition  
Name: WAGNER, ELENOR  
Address: 300 S. WASHINGTON AVE. LOT 98  
City-St-Zip: FORT MEADE, FL 33841

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: W. PAT HUFF

C

03/05/2008

Electronic Signature of Signing Officer or Director

Date