

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006531

FILED
Jan 22, 2009
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:

HARRELSON, REBECCA L
455 S BROADWAY AVE
BARTOW, FL 33830 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: C () 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: WAGNER, ELENOR
Address: 300 S. WASHINGTON AVE. LOT 98
City-St-Zip: FORT MEADE, FL 33841

Title: D () Delete
Name: HARRELSON, GREG
Address: 845 EAST GEROGEE 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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

Title: D (X) Change () Addition
Name: ALBRITTON, LORI
Address: 655 E CHURCH ST
City-St-Zip: BARTOW, FL 33830

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

Title: D (X) Change () Addition
Name: BERGDOLL, DAVID
Address: 4827 CELIA CIRCLE E
City-St-Zip: LAKELAND, FL 33813

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: REBECCA HARRELSON

OFFI

01/22/2009

Electronic Signature of Signing Officer or Director

Date