

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N98000006868

1. Entity Name

FIRST UNITED METHODIST CHURCH OF MACCLENLY, INC.



FILED
Feb 02, 2007 08:00 AM
Secretary of State

Principal Place of Business

93 NO. 5TH ST.
MACCLENLY FL 32063

Mailing Address

93 NO. 5TH ST.
MACCLENLY FL 32063



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

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1368858

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

COHEN, PAUL
93 NO. 5TH ST.
MACCLENLY FL 32063

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 reappointing)

DATE

FILE NOW: 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

TITLE: D ☐ Delete
NAME: EASTERDAY, JANET
STREET ADDRESS: 21739 RED MAPLE CIRCLE
CITY-STATE-ZIP: SANDERSON FL 32087

TITLE: T ☐ Delete
NAME: WILKERSON, JASON
STREET ADDRESS: PO BOX 628, 20 MARTHA DR
CITY-STATE-ZIP: MACCLENLY FL 32063

TITLE: D ☐ Delete
NAME: BROWN, KYLE DR.
STREET ADDRESS: 11818 N. CR 125
CITY-STATE-ZIP: GLEN SAINT MARY FL 32040

TITLE: T ☐ Delete
NAME: TAYLOR, KYLA
STREET ADDRESS: 480 E BLVD
CITY-STATE-ZIP: MACCLENLY FL 32063

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

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NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Kyla Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kyla Taylor 1-31-07 904-259-4307