

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006868

FILED
Mar 02, 2009
Secretary of State

Entity Name: FIRST UNITED METHODIST CHURCH OF MACCLENNY, INC.

Current Principal Place of Business:

93 NO. 5TH ST.
MACCLENNY, FL 32063

New Principal Place of Business:

Current Mailing Address:

93 NO. 5TH ST.
MACCLENNY, FL 32063

New Mailing Address:

FEI Number: 59-1368858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COHEN, PAUL
93 NO. 5TH ST.
MACCLENNY, FL 32063 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: D () Delete
Name: EASTERDAY, JANET
Address: 21739 RED MAPLE CIRCLE
City-St-Zip: SANDERSON, FL 32087

Title: T () Delete
Name: WILKERSON, JASON
Address: PO BOX 628, 20 MARTHA DR
City-St-Zip: MACCLENNY, FL 32063

Title: D () Delete
Name: BROWN, KYLE DR.
Address: 11818 N. CR 125
City-St-Zip: GLEN SAINT MARY, FL 32040

Title: T () Delete
Name: TAYLOR, KYLA
Address: 480 E BLVD
City-St-Zip: MACCLENNY, FL 32063

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: () 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: KYLA TAYLOR

T

03/02/2009

Electronic Signature of Signing Officer or Director

Date