

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 23, 2008
Secretary of State

DOCUMENT# N98000007267

Entity Name: FIRST UNITED METHODIST CHURCH OF NEW SMYRNA BEACH, INC.**Current Principal Place of Business:**310 DOUGLAS ST.
NEW SMYRNA BCH, FL 32168**New Principal Place of Business:****Current Mailing Address:**310 DOUGLAS ST.
NEW SMYRNA BCH, FL 32168**New Mailing Address:****FEI Number:** 59-1111497**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FILLMORE, PATRICIA
712 FOXTAIL COURT
NEW SMYRNA BEACH, FL 32168 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:** P () Delete
Name: YOUNG, DAN
Address: 3003 TAMARIND DRIVE
City-St-Zip: EDGEWATER, FL 32141**Title:** ST () Delete
Name: FILLMORE, PATRICIA
Address: 712 FOXTAIL COURT
City-St-Zip: NEW SMYRNA BEACH, FL 32168**Title:** D () Delete
Name: OHLSON, SHARON
Address: 111 MARION AVENUE
City-St-Zip: EDGEWATER, FL 32132**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: THARP, JAMES E
Address: 342 TROON CT
City-St-Zip: NEW SMYRNA BEACH, FL 32168**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: SHARON OHLSON

D

09/23/2008

Electronic Signature of Signing Officer or Director_____
Date