

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90028 031 ****61.25

DOCUMENT # N99000002047					
1. Entity Name FIRST UNITED METHODIST CHURCH OF ST. AUGUSTINE, FLORIDA, INC.					
Principal Place of Business 118 KING STREET ST. AUGUSTINE, FL 32084			Mailing Address 118 KING STREET ST. AUGUSTINE, FL 32084		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0711170	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
HARDING, BILL 1036 KANNEDY DRIVE SAINT AUGUSTINE, FL 32084		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 (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE SD NAME HALLETT, BRUCE STREET ADDRESS 6848 CYPRESS PT DR CITY-ST-ZIP SAINT AUGUSTINE, FL 32086	<input checked="" type="checkbox"/> Delete		TITLE Herb Cain NAME 1111 Prince Road STREET ADDRESS St. Augustine, FL 32086 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PD NAME HARDING, BILL STREET ADDRESS 1036 KENNEDY DRIVE CITY-ST-ZIP SAINT AUGUSTINE, FL 32084	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HOOVER, JAWN STREET ADDRESS 44 DUFFERIN ST CITY-ST-ZIP SAINT AUGUSTINE, FL 32084	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME SHAHER, TINA STREET ADDRESS 520 FOXHOLLOW LANE CITY-ST-ZIP SAINT AUGUSTINE, FL 32086	<input checked="" type="checkbox"/> Delete		TITLE Craig Shafer NAME 520 Foxhollow Lane STREET ADDRESS St. Augustine, FL 32086 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME PARTNER, BRUCE STREET ADDRESS 225 LIONSGATE DRIVE CITY-ST-ZIP SAINT AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Delete		TITLE Jennifer Arnold NAME 890 Oakridge Rd. STREET ADDRESS St. Augustine, FL 32086 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					