

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90018 011 ****61.25

DOCUMENT # N99000002047

1. Entity Name
**FIRST UNITED METHODIST CHURCH OF ST.
AUGUSTINE, FLORIDA, INC.**



40054860

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.

02142008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-0711170

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**HARDING, BILL
1036 KENNEDY 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

[Signature]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/25/08

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☒ Delete
NAME **CAIN, HERB**
STREET ADDRESS **1111 PRINCE ROAD**
CITY-STATE-ZIP **SAINT AUGUSTINE, FL 32086**

TITLE **Ann Long** ☐ Change ☒ Addition
NAME **4405 Palmetto Bay**
STREET ADDRESS **EIKTON, FL. 32033**
CITY-STATE-ZIP

TITLE **PD** ☐ Delete
NAME **HARDING, BILL**
STREET ADDRESS **1036 KENNEDY DRIVE**
CITY-STATE-ZIP **SAINT AUGUSTINE, FL 32084**

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

TITLE **D** ☐ Delete
NAME **HOOVER, JAWN**
STREET ADDRESS **44 DUFFERIN ST**
CITY-STATE-ZIP **SAINT AUGUSTINE, FL 32084**

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

TITLE **D** ☒ Delete
NAME **SHAHER, CRAIG**
STREET ADDRESS **520 FOXHOLLOW LANE**
CITY-STATE-ZIP **SAINT AUGUSTINE, FL 32086**

TITLE **Marsha MILKS** ☐ Change ☒ Addition
NAME **196 Cedar Ridge Circle**
STREET ADDRESS **St. Augustine, FL. 32080**
CITY-STATE-ZIP

TITLE **D** ☐ Delete
NAME **ARNOLD, JENNIFER**
STREET ADDRESS **890 OAKRIDGE RD.**
CITY-STATE-ZIP **SAINT AUGUSTINE, FL 32086**

TITLE ☒ Change ☐ Addition
NAME **Jennifer Wall**
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/08

DATE

DAYTIME PHONE #