

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002805

FILED
Jan 12, 2009
Secretary of State

Entity Name: THE FIRST UNITED METHODIST CHURCH OF BUNNELL, INCORPORATED

Current Principal Place of Business:

CORNER OF LAMBERT & PINE STREET
BUNNELL, FL 32110

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 335
BUNNELL, FL 32110

New Mailing Address:

FEI Number: 59-2352866

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, MARILYN V
302 NORTH CHERRY ST
BUNNELL, FL 32110 US

Name and Address of New Registered Agent:

TRAISTER, ROBERT R
4 BULOW WOODS CR.
FLAGLER BEACH, FL 32136 US

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: ROBERT R TRAISTER

01/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MERCER, RAY
Address: 410 N. ANDERSON ST.
City-St-Zip: BUNNELL, FL 32110

Title: PD () Delete
Name: KUYPERS, MICHAEL
Address: 17 BLAKETOWN PLACE
City-St-Zip: PALM COAST, FL 32137

Title: SD () Delete
Name: KING, MARILYN V
Address: 302 N CHERRY ST
City-St-Zip: BUNNELL, FL 32110

Title: VPD () Delete
Name: TRAISTER, ROBERT
Address: 8 BULOW WOODS CIRCLE
City-St-Zip: FLAGLER BEACH, FL 32136

Title: D () Delete
Name: NARKAWICZ, JOHN
Address: 27 OSPREY LANE
City-St-Zip: FLAGLER BEACH, FL 32136

Title: D () Delete
Name: CLEGG, WANDA
Address: 10020 CR 304
City-St-Zip: BUNNELL, FL 32110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HASFORD, BRICE
Address: 602 N CHERRY ST
City-St-Zip: BUNNELL, FL 32110

Title: SD (X) Change () Addition
Name: TRAISTER, ROBERT
Address: 4 BULOW WOODS CIRCLE
City-St-Zip: FLAGLER BEACH, FL 32136

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: ROBERT R TRAISTER

SD

01/12/2009

Electronic Signature of Signing Officer or Director

Date