

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90206 039 \*\*\*\*61.25

**DOCUMENT # N99000003391**

1. Entity Name  
**FIRST UNITED METHODIST CHURCH OF FROSTPROOF, INC.**



Principal Place of Business  
**150 DEVANE ST.  
FROSTPROOF, FL**

Mailing Address  
**150 DEVANE ST.  
FROSTPROOF, FL**

40086436



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-0976564**

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

**RESPRESS, LYNN L  
150 DEVANE ST.  
FROSTPROOF, FL**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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 **D** ☐ Delete  
NAME **LYNN RESPRESS, MARY**  
STREET ADDRESS **2010 N LAKE READY BLVD**  
CITY-ST-ZIP **FROSTPROOF, FL 33843**

TITLE **D** ☐ Change ☒ Addition  
NAME **Les Luckenbach**  
STREET ADDRESS **10404 Hwy 27 N Lot 257**  
CITY-ST-ZIP **Frostproof, FL 33843**

TITLE **D** ☒ Delete  
NAME **CASEY, LINDA**  
STREET ADDRESS **205 CHESNEY BLVD**  
CITY-ST-ZIP **FROSTPROOF, FL 33843**

TITLE **D** ☐ Change ☒ Addition  
NAME **James Isaacson**  
STREET ADDRESS **225 W Wall St**  
CITY-ST-ZIP **Frostproof, FL 33843**

TITLE **D** ☐ Delete  
NAME **BALLARD, KEN**  
STREET ADDRESS **POB 205**  
CITY-ST-ZIP **FROSTPROOF, FL 33843**

TITLE **D** ☐ Change ☒ Addition  
NAME **Charles Bradley**  
STREET ADDRESS **25 W B St**  
CITY-ST-ZIP **Frostproof, FL 33843**

TITLE **D** ☒ Delete  
NAME **GODWIN, KENNY**  
STREET ADDRESS **BOX 207**  
CITY-ST-ZIP **FROSTPROOF, FL 33843**

TITLE **D** ☐ Change ☒ Addition  
NAME **Ernest Respress**  
STREET ADDRESS **2010 N Lake Reedy**  
CITY-ST-ZIP **Frostproof, FL 33843**

TITLE **D** ☒ Delete  
NAME **HESS, DON**  
STREET ADDRESS **POB 626**  
CITY-ST-ZIP **FROSTPROOF, FL 33843**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-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:**

*Mary Lynn Respress*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07

863-635-3807

Date

Daytime Phone #