2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N99000003391

Entity Name: FIRST UNITED METHODIST CHURCH OF FROSTPROOF, INC.

Current Principal Place of Business:

150 DEVANE ST.
FROSTPROOF, FL

New Principal Place of Business:

150 DEVANE ST.
FROSTPROOF, FL 33843

Current Mailing Address:

150 DEVANE ST.
FROSTPROOF, FL

New Mailing Address:

150 DEVANE ST.
FROSTPROOF, FL 33843

FEI Number: 59-0976564 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

RESPRESS, LYNN L
150 DEVANE ST.
FROSTPROOF, FL 33843 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: _____ 03/24/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LYNN RESPRESS, MARY
Address: 2010 N LAKE READY BLVD
City-St-Zip: FROSTPROOF, FL 33843

Title: D ( ) Delete
Name: LUCKENBACH, LES
Address: 10404 HWY 27 N LOT R57
City-St-Zip: FROSTPROOF, FL 33843

Title: D ( ) Delete
Name: BALLARD, KEN
Address: POB 205
City-St-Zip: FROSTPROOF, FL 33843

Title: D ( ) Delete
Name: ISAACSON, JAMES
Address: 225 W WALL ST
City-St-Zip: FROSTPROOF, FL 33843

Title: D ( ) Delete
Name: BRADLEY, CHARLES
Address: 25 W B ST
City-St-Zip: FROSTPROOF, FL 33843

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change ( ) Addition
Name: SMITH, BRIAN
Address: 225 W WALL ST
City-St-Zip: FROSTPROOF, FL 33843

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: MARY LYNN RESPRESS D 03/24/2009
Electronic Signature of Signing Officer or Director — Date