

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90062 029 ****61.25

DOCUMENT # N99000004875

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



Principal Place of Business
**75 5TH ST
APALACHICOLA, FL 32320**

Mailing Address
**P.O. BOX 476
APALACHICOLA, FL 32329**

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general 1-800-755 5111



03072007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3597442	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GILMORE, RAYMOND
93 S BAYSHORE DR
EASTPOINT, FL 32328**

**DO NOT WRITE
IN THIS SPACE**

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 Raymond Gilmore Raymond Gilmore 4-23-07
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAWYER, RITA 9 11TH ST APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIPRELL, GERALD 3 WILDFLOWER LN APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT SCHOELLES, NONIE 150 BAY CITY RD APALACHICOLA, FL 323201002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WELLS, JACK PO BOX 664 EASTPOINT, FL 323280664
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

*check to FL Dept of State
\$61.25?*

**DO NOT WRITE
IN THIS SPACE**

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: Jack Wells Jack Wells 4/24/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #