

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 17, 2008  
Secretary of State**

DOCUMENT# N99000004875

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

**Current Principal Place of Business:**

75 5TH ST  
APALACHICOLA, FL 32320

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 476  
APALACHICOLA, FL 32329

**New Mailing Address:**

FEI Number: 59-3597442      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: SAWYER, RITA  
Address: 9 11TH ST  
City-St-Zip: APALACHICOLA, FL 32320

Title: VD      ( ) Delete  
Name: SIPRELL, GERALD  
Address: 3 WILDFLOWER LN  
City-St-Zip: APALACHICOLA, FL 32320

Title: TT      ( ) Delete  
Name: SCHOELLES, NONIE  
Address: 150 BAY CITY RD  
City-St-Zip: APALACHICOLA, FL 323201002

Title: SD      ( ) Delete  
Name: WELLS, JACK  
Address: PO BOX 664  
City-St-Zip: EASTPOINT, FL 323280664

**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:      ( ) 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: WELLS JACK

SD

07/17/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date