

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 710309

**FILED  
Mar 31, 2014  
Secretary of State  
CC3374927962**

**Entity Name:** FIRST UNITED METHODIST CHURCH OF BUSHNELL, INC.

**Current Principal Place of Business:**

221 W. NOBLE AVE  
BUSHNELL, FL 33513

**Current Mailing Address:**

221 W. NOBLE AVE  
BUSHNELL, FL 33513

**FEI Number:** 59-2341201

**Certificate of Status Desired:** No

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

HENDERSON, JAMES  
221 W. NOBLE AVE  
BUSHNELL, FL 33513 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            HENDERSON, JAMES  
Address        4938 S. US HWY 301  
City-State-Zip: BUSHNELL FL 33513

Title            D  
Name            PETERSON, THOMAS  
Address        6668 CR 625  
City-State-Zip: BUSHNELL FL 33513

Title            D  
Name            GIDEONS, TERRY  
Address        P.O. 1234  
City-State-Zip: BUSHNELL FL 33513

Title            TREA  
Name            RICKLES, DOUGLAS  
Address        8057 CR 623  
City-State-Zip: BUSHNELL FL 33513

Title            D  
Name            BRYAN, THOMAS  
Address        1973 CR 738  
City-State-Zip: WEBSTER FL 33597

Title            V  
Name            FOSTER, HANNAH  
Address        P.O. BOX 1007  
City-State-Zip: BUSHNELL FL 33513

*I hereby 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 all other like empowered.*

**SIGNATURE: JAMES C. HENDERSON**

**PRESIDENT**

**03/31/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date