

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708397

FILED
Feb 15, 2009
Secretary of State

Entity Name: SUN RAY UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

316 RAYMOND AVE.
FROSTPROOF, FL 33843

New Principal Place of Business:

Current Mailing Address:

316 RAYMOND AVE.
FROSTPROOF, FL 33843

New Mailing Address:

FEI Number: 59-2335881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PARKS, EDWARD L
1302 G ST LOT 37
AVON PARK, FL 33825 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: BC () Delete
Name: HOVEY, DARRELL
Address: 506 THOMAS AVE.
City-St-Zip: FROSTPROOF, FL 33843

Title: S () Delete
Name: ROBINSON, EVELYN
Address: 443 STANLEY AVE
City-St-Zip: FROSTPROOF, FL 33843

Title: CT () Delete
Name: BAXTER, JAMES
Address: 505 THOMAS AVE.
City-St-Zip: FROSTPROOF, FL 33843

Title: T () Delete
Name: PARKS, EDWARD L
Address: 1302 G ST LOT 37
City-St-Zip: AVON PARK, FL 33825

Title: CS () Delete
Name: LEFEVER, JANICE
Address: 449 STANLEY AVE.
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: () 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: DARRELL HOVEY

BC

02/15/2009

Electronic Signature of Signing Officer or Director

Date