

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733342

FILED
Jan 21, 2009
Secretary of State

Entity Name: UNITED METHODIST COOPERATIVE MINISTRIES/SUNCOAST, INC.

Current Principal Place of Business:

1625 UNION STREET
CLEARWATER, FL 33755 US

New Principal Place of Business:

Current Mailing Address:

1625 UNION STREET
CLEARWATER, FL 33755 US

New Mailing Address:

FEI Number: 59-1623437 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COLE, STEPHEN
925 BAY ESPLANDE
CLEARWATER, FL 34630 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: EKKERS, JOHN REV
Address: 301 37TH AVENUE N
City-St-Zip: ST. PETERSBURG, FL 33704 US

Title: VD () Delete
Name: KIEWIT, MICHELLE
Address: 5901 3RD AVENUE N
City-St-Zip: ST. PETERSBURG, FL 33705 US

Title: SD () Delete
Name: LUCCIOLA, MARION
Address: 4091 31ST AVENUE N
City-St-Zip: ST. PETERSBURG, FL 33713 US

Title: TD () Delete
Name: FENLON, RICHARD K CPA
Address: 5245 CENTRAL AVENUE
City-St-Zip: ST. PETERSBURG, FL 33710 US

Title: TD () Delete
Name: CAMPBELL, DORIS
Address: 1219 NORWOOD AVENUE
City-St-Zip: CLEARWATER, FL 33756 US

Title: MD () Delete
Name: RATLAFF, DONNA C
Address: 1625 UNION STREET
City-St-Zip: CLEARWATER, FL 33755 US

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:

Title: MD (X) Change () Addition
Name: RATZLAFF, DONNA C
Address: 1625 UNION STREET
City-St-Zip: CLEARWATER, FL 33755 US

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: DONNA C. RATZLAFF

MD

01/21/2009

Electronic Signature of Signing Officer or Director

Date