

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15782

FILED  
Jan 31, 2009  
Secretary of State

Entity Name: ELLENTON UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business:**

3607 US HWY 301 N.  
ELLENTON, FL 342222326

**New Principal Place of Business:**

**Current Mailing Address:**

3607 US HWY 301 N.  
ELLENTON, FL 342222326

**New Mailing Address:**

FEI Number: 59-2754168      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MEARES, DON  
612 CAMELLIA AVE  
ELLENTON, FL 34222      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: VC      ( ) Delete  
Name: DEMAREST, DEY  
Address: 211 BOUGAINVILLEA LANE  
City-St-Zip: PARRISH, FL 34219

Title: T      ( ) Delete  
Name: EINEMANN, FRED  
Address: 4303 BUENA VISTA DR NORTH  
City-St-Zip: ELLENTON, FL 34222

Title: T      ( ) Delete  
Name: SHEPERD, JAMES  
Address: 4128 LONG LAKE DR S  
City-St-Zip: ELLENTON, FL 34222

Title: T      ( ) Delete  
Name: BACON, JERRY  
Address: 1536 47TH AVE DR E  
City-St-Zip: ELLENTON, FL 34222

Title: T      ( ) Delete  
Name: WEAVER, JOHN  
Address: 364 NORTH ORCHID DR  
City-St-Zip: ELLENTON, FL 34222

Title: T      ( ) Delete  
Name: CRAMER, JAMES E  
Address: 210 MERRY LN  
City-St-Zip: PALMETTO, FL 34221

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T      (X) Change ( ) Addition  
Name: MILLER, CARL  
Address: 4326 12TH STREET CT E  
City-St-Zip: ELLENTON, FL 34222

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: JERRY BACON

#4

01/31/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date