2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49835

FILED Aug 06, 2008 Secretary of State

Entity Name: ST. ANDREW UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:		New Prince	New Principal Place of Business:	
	1TH STREET CITY, FL 32401			
Current M	lailing Address:	New Mail	ing Address:	
	1TH STREET CITY, FL 32401			
n accordan	ice with s. 607.193(2)(b), F.S., the corporation did not rec	-	ce.	
lame and	l Address of Current Registered Agent:	Name and	I Address of New Registered Agent:	
2001 W 11	RS, RITA M ITH STREET CITY, FL 32401 US			
	e named entity submits this statement for the purpo e of Florida.	ose of changing	its registered office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
itle: lame: ddress: city-St-Zip:	T () Delete ROGERS, JOSEPH 2826 LONGLEAF RD. PANAMA CITY, FL 32405	Title: Name: Address: City-St-Zip:	() Change () Addition	
itle: lame: ddress: city-St-Zip:	T () Delete KERSEY, LARRY 308 IOWA AVE LYNN HAVEN, FL 32444	Title: Name: Address: City-St-Zip:	T (X) Change () Addition SUTTER, FRED 965 ROSEMONT DR PANAMA CITY, FL 32405	
itle: lame: ddress: city-St-Zip:	S () Delete CHAMBERS, RITA M 111 WHITE OAKS BLVD SOUTHPORT, FL 32409	Title: Name: Address: City-St-Zip:	() Change () Addition	
itle: lame: .ddress: :ity-St-Zip:	T () Delete STRICKLAND, DANIEL 106 S. COVE BLVD. PANAMA CITY, FL 32401	Title: Name: Address: City-St-Zip:	T (X) Change () Addition RILEY, DAVID 2874 TUPELO DR PANAMA CITY, FL 32405	
itle: lame: .ddress: city-St-Zip:	CT () Delete MCSPADDEN, DAVID 4600 MYSTY LANE LYNN HAVEN, FL 32444	Title: Name: Address: City-St-Zip:	() Change () Addition	
itle: lame: ddress:	T () Delete BISHOP, NANCY 141 CANDLEWICK CIR	Title: Name: Address:	T (X) Change () Addition PRIBBENOW, JEAN 4309 W 17TH ST	

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: RITA CHAMBERS S 08/06/2008