2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State
04-23-2008 90111 001 *****8.75
04-23-2008 90111 002 ****61.25

DOCUMENT # N94000004458

1. Entity Name
MONTVERDE UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
17015 PORTER AVE. MONTVERDE, FL 34756	PO BOX 560608 MONTVERDE, FL 34756-608 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

02022008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3274730 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MILES, WALTER E
17534 COUNTY RD. 455
MONTVERDE, FL 34756

7. Name and Address of New Registered Agent

Name: Morrin, Joe
Street Address (P.O. Box Number is Not Acceptable): 16249 Four Lakes Rd
City: Montverde FL Zip Code: 34756

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Joe Morrin DATE: 4-13-08
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MILES, WALTER E 17534 COUNTY RD. 455 MONTVERDE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Morrin, Joe 16249 Four Lakes Rd Montverde, FL 34756	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ADAMS, LINDA 20105 S BUCKHILL RD CLERMONT, FL 34715	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Sette, Roy 16157 Hillside Circle Montverde, Fl 34756	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SEYBERT, CONNIE 17651 9TH STREET MONTVERDE, FL 34756	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jackson, Carol 13036 LoLolly Blvd Clermont, Fl 34711	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ADAMS, JEAN V 20121 S BUCKHILL RD CLERMONT, FL 347157783	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Blackford, Lynda 16333 Colenty Rd 455 Montverde, FL 34756	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MORRIN, JOE 16249 FOUR LAKES RD MONTVERDE, FL 34756	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Elswick, Rebecca 12903 Magnolia Point Blvd Clermont, FL 34711	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BINNIX, CHESTER 1618 HILLSIDE CIR. MONTVERDE, FL 34756	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Miles, Walter E 17534 County Rd 455 Montverde, FL 34756	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Walter E. Miles 4-18-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #