

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000004458

**FILED**  
**Mar 06, 2011**  
**Secretary of State**

**Entity Name:** MONTVERDE UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business:**

17015 PORTER AVE.  
MONTVERDE, FL 34756

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 560608  
MONTVERDE, FL 34756608 US

**New Mailing Address:**

PO BOX 560608  
MONTVERDE, FL 34756 608 US

**FEI Number:** 59-3274730

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MILES, WALTER E  
17534 COUNTY ROAD 455  
MONTVERDE, FL 34756 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  
Name: MILES, WALTER E  
Address: 17534 COUNTY ROAD 455  
City-St-Zip: MONTVERDE, FL 34756

Title: VPD  
Name: MORRIN, JOE  
Address: 16249 FOUR LAKES RD  
City-St-Zip: MONTVERDE, FL 34756

Title: SD  
Name: BLACKFORD, LYNDA A  
Address: 16333 COUNTY ROAD 455  
City-St-Zip: MONTVERDE, FL 34756

Title: TD  
Name: ROGERS, CAROLE  
Address: 15046 VINOLA PLACE  
City-St-Zip: MONTVERDE, FL 34755

I hereby 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 all other like empowered.

**SIGNATURE:** WALTER E. MILES

PD

03/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date