

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006147

FILED  
Jan 06, 2012  
Secretary of State

**Entity Name:** COMMUNITY UNITED METHODIST CHURCH OF LAKE COMO, INC.

**Current Principal Place of Business:**

126 HIGHLAND AVE  
LAKE COMO, FL 32112

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 330  
LAKE COMO, FL 32157

**New Mailing Address:**

**FEI Number:** 59-3248364      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

FORTIER, RICHARD P  
102 CRESCENT LANE  
CRESCENT CITY, FL 32112      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: D  
Name: FORTIER, RICHARD P  
Address: 102 CRESCENT LANE  
City-St-Zip: CRESCENT CITY, FL 32112

Title: D  
Name: HOGSETT, DAN  
Address: 235 TROUT TRAIL  
City-St-Zip: CRESCENT CITY, FL 32112

Title: TD  
Name: FLEMING, EMMA  
Address: P.O. BOX 299  
City-St-Zip: LAKE COMO, FL 32112

Title: SD  
Name: TAYLOR, RUTH  
Address: PO BOX 433  
City-St-Zip: LAKE COMO, FL 32112

Title: D  
Name: CRIDGE, ED  
Address: PO BOX 436  
City-St-Zip: LAKE COMO, FL 32112

Title: D  
Name: STACK, DANNY  
Address: PO BOX 54  
City-St-Zip: LAKE COMO, FL 32112

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: RICHARD P. FORTIER

D

01/06/2012

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

\_\_\_\_\_  
Date