

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700283

FILED
Feb 16, 2007
Secretary of State

Entity Name: ALDERSGATE UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

ATTN: BOARD OF TRUSTEES
9530 STARKEY ROAD
SEMINOLE, FL 346472203

New Principal Place of Business:

Current Mailing Address:

ATTN: BOARD OF TRUSTEES
9530 STARKEY ROAD
SEMINOLE, FL 346472203

New Mailing Address:

FEI Number: 59-1523757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ENGELHARDT JR., CHARLES E.
9530 STARKEY ROAD
SEMINOLE, FL 33543 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: T () Delete
Name: LEE, TERENCE
Address: 9254 120TH LN
City-St-Zip: SEMINOLE, FL 33772

Title: T () Delete
Name: PHILLIPS, GREGG
Address: 11329 110TH CT. N
City-St-Zip: LARGO, FL 33777

Title: T () Delete
Name: KELLY, TRUDY
Address: 1001 CORDOVA GREENS
City-St-Zip: SEMINOLE, FL 33777

Title: T () Delete
Name: STRAIGHT, DENNIS
Address: 12147 94TH WAY N
City-St-Zip: LARGO, FL 33773

Title: T () Delete
Name: OLIVER, JUDY
Address: 8448 BRENTWOOD RD
City-St-Zip: SEMINOLE, FL 33777

Title: T () Delete
Name: HAWKINS, CLINT
Address: 5297 97TH WAY N.
City-St-Zip: SAINT PETERSBURG, FL 33708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: CHAMBERLAIN, JOE
Address: 9018 ST ANDREWS DR
City-St-Zip: SEMINOLE, FL 33777

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

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

Title: T (X) Change () Addition
Name: COLLUCCI, TONY
Address: 5890 BAYSHORE DR
City-St-Zip: SEMINOLE, FL 33772

Title: T (X) Change () Addition
Name: DOYLE, TAMMY
Address: 11783 TRADEWINDS DR
City-St-Zip: LARGO, FL 33773

I hereby certify that the information supplied with this filing does not qualify for the 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: DENNIS STRAIGHT

T

02/16/2007

Electronic Signature of Signing Officer or Director

Date