

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 19, 2007
Secretary of State

DOCUMENT# N01000007927

Entity Name: EVERGLADES COMMUNITY CHURCH, A UNITED METHODIST CONGREGATION, INC.**Current Principal Place of Business:**20871 JOHNSON STREET
SUITE 101
PEMBROKE PINES, FL 33029**New Principal Place of Business:****Current Mailing Address:**20871 JOHNSON STREET
SUITE 101
PEMBROKE PINES, FL 33029**New Mailing Address:****FEI Number:** 65-0701099**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**JONES, PATRIC L ESQ
300 S.E. 19TH STREET
FORT LAUDERDALE, FL 33316 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:** TR () Delete
Name: JOHNSON, KENNETH
Address: 20871 JOHNSON STREET, SUITE 101
City-St-Zip: PEMBROKE PINES, FL 33029**Title:** TR () Delete
Name: KORN, DON
Address: 20871 JOHNSON STREET, SUITE 101
City-St-Zip: PEMBROKE PINES, FL 33029**Title:** TR () Delete
Name: TURPIN, TOM
Address: 20871 JOHNSON STREET, SUITE 101
City-St-Zip: PEMBROKE PINES, FL 33029**Title:** S () Delete
Name: SOSA, MARIA M
Address: 20871 JOHNSON STREET, SUITE 101
City-St-Zip: PEMBROKE PINES, FL 33029**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** TR () Change (X) Addition
Name: DECAST, ROSALINE P
Address: 20871 JOHNSON STREET, SUITE 101
City-St-Zip: PEMBROKE PINES, FL 33029

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: MARIA M. SOSA

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07/19/2007

Electronic Signature of Signing Officer or Director

Date