


2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 751377		
1. Entity Name CRAWFORDVILLE UNITED METHODIST CHURCH, INC.		

FILED

09 SEP 25 PM 4: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business NO. 1 OCHLOCKNEE STREET NORTH SIDE OF STATE ROAD 368 CRAWFORDVILLE, FL 32327	Mailing Address NO. 1 OCHLOCKNEE STREET NORTH SIDE OF STATE ROAD 368 CRAWFORDVILLE, FL 32327
---	--



2. Principal Place of Business - No P.O. Box # 176 Ochlocknee Street Suite, Apt. #, etc.	3. Mailing Address P.O. Box 31 Suite, Apt. #, etc.
--	--

City & State Crawfordville, FL	City & State Crawfordville, FL	4. FEI Number 59-2278696	Applied For Not Applicable
Zip 32327	Country USA	Zip 32326	Country USA

6. Name and Address of Current Registered Agent NEWLAND, RANDY 30 KELLY COURT CRAWFORDVILLE, FL 32327		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
--	--	--	--

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	<i>Randy Newland</i>	<i>Randy Newland</i>	9/24/09
Signature typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating) DATE	

FILE NOW!!! FEE IS \$122:50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	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	D GABY, JULIE B. 208 ROLAND HARVEY ROAD CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600161054586 09/25/09--01050--001 **122.50
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD UPDEGRAFF, CHARLES E. LOT 15 BLK.O HUDSON HGT. CRAWFORDVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition \$9/25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GLOVER, LARRY E. IVAN ROAD CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REVELL, MARIAN COTTONWOOD STREET CRAWFORDVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TOOKE, SUSIE POST OFFICE BOX 276 CRAWFORDVILLE, FL 32326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:	<i>Fern Sloan</i>	<i>Fern Sloan</i>	9/24/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone # 830.926.7209