

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701138

FILED
Jan 25, 2010
Secretary of State

Entity Name: COMMUNITY METHODIST CHURCH INC

Current Principal Place of Business:

401 SW. 1ST STREET
BELLE GLADE, FL 33430

New Principal Place of Business:

Current Mailing Address:

401 SW. 1ST STREET
BELLE GLADE, FL 33430

New Mailing Address:

FEI Number: 59-1112809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOOKER, ROBERT M P
600 NW AVE L
BELLE GLADE, FL 33430 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: HOOKER, ROBERT M PD
Address: 1755 WEST LAKE RD
City-St-Zip: BELLE GLADE, FL 33430

Title: D
Name: SCHOENFELD, RITA D
Address: 632 NW AVE E
City-St-Zip: BELLE GLADE, FL 33430

Title: VD
Name: CARPENTER, MILTON O VD
Address: 1101 TABIT RD.
City-St-Zip: BELLE GLADE, FL 33430

Title: SD
Name: HAND, DOLLY SD
Address: 949 S.E. 4TH ST.
City-St-Zip: BELLE GLADE, FL 33430

Title: D
Name: HARRIS, HORACE D
Address: P.O. BOX 952
City-St-Zip: BELLE GLADE, FL 33430

Title: D
Name: THOMPSON, CURTIS A D
Address: 1040 SE 3RD ST
City-St-Zip: BELLE GLADE, FL 33430

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: ROBERT M. HOOKER

P

01/25/2010

Electronic Signature of Signing Officer or Director

Date