2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701998

FILED Mar 28, 2008 Secretary of State

Entity Name: ALOMA UNITED METHODIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

ALOMA UNITED METHODIST CHURCH 3045 ALOMA AVENUE WINTER PARK, FL 32792

Current Mailing Address: New Mailing Address:

ALOMA UNITED METHODIST CHURCH 3045 ALOMA AVENUE WINTER PARK, FL 32792

FEI Number: 59-6046991 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MATHENEY, C. DONALD
970 ARRINGTON CIRCLE
OVIEDO, FL 32765 US

JAMES, L DALE
4718 JETTY STREET
ORLANDO, FL 328147 US

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: L. DALE JAMES 03/28/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S/T () Delete Title: MR (X) Change () Addition Name: BERTRAM, PAUL Name: RAMDATT, CHARLES

Address: 1461 FAIRWAY OAKS DR. Address: 803 WOODMEADE CT City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: ORLANDO, FL 32828

Title: Title: MR (X) Change () Addition () Delete JAMES, DALE Name: HOLMAN, HANK Name: Address: 4718 JETTY ST. Address: 300 PALM LAKE CT City-St-Zip: ORLANDO, FL 32817 City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete Title: MR (X) Change () Addition

 Name:
 REPASS, IVAN R III
 Name:
 REPASS, IVAN R III

 Address:
 2839 BEAR ISLAND PT.
 Address:
 2839 BEAR ISLAND PT.

 City-St-Zip:
 WINTER PARK, FL 32792
 City-St-Zip:
 WINTER PARK, FL 32792

 $\label{eq:title:Title:MR} \textit{Title:} \qquad \textit{MR} \qquad \textit{(X) Change () Addition}$

Name:SHAW, THERESA YName:IACONE, VICAddress:4419 FORELAND PLACEAddress:776 S LAKE CLAIRE CIRCLE

City-St-Zip: ORLANDO, FL 32812 City-St-Zip: OVIEDO, FL 32765

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: L DALE JAMES MR 03/28/2008