

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701998

FILED
Apr 30, 2009
Secretary of State

Entity Name: ALOMA UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-6046991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES, L DALE
4718 JETTY STREET
ORLANDO, FL 328147 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: MR () Delete
Name: RAMDATT, CHARLES
Address: 803 WOODMEADE CT
City-St-Zip: ORLANDO, FL 32828

Title: MR () Delete
Name: HOLMAN, HANK
Address: 300 PALM LAKE CT
City-St-Zip: LONGWOOD, FL 32779

Title: MR () Delete
Name: REPASS, IVAN R III
Address: 2839 BEAR ISLAND PT.
City-St-Zip: WINTER PARK, FL 32792

Title: MR (X) Delete
Name: IACONE, VIC
Address: 776 S LAKE CLAIRE CIRCLE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: MR (X) Change () Addition
Name: IACONE, VIC
Address: 776 S LAKE CLAIRE CIRCLE
City-St-Zip: OVIEDO, FL 32765

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

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

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date