

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702221

FILED
Jan 11, 2007
Secretary of State

Entity Name: COMMUNITY METHODIST CHURCH OF CASSELBERRY, FLORIDA, INC.

Current Principal Place of Business:

4921 S. U.S. HWY 17/92
CASSELBERRY, FL 327073813 US

New Principal Place of Business:

4921 S. U.S. HWY 17/92
CASSELBERRY, FL 32707 US

Current Mailing Address:

4921 SOUTH US HWY 17/92
CASSELBERRY, FL 327073813 US

New Mailing Address:

4921 SOUTH US HWY 17/92
CASSELBERRY, FL 32707 US

FEI Number: 59-1088730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALE, PAMELA W ADMINIS
211 HUNTERS TRAIL
LONGWOOD, FL 32779 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: D () Delete
Name: EVERT, DONNA L
Address: 725 OXFORD ST
City-St-Zip: LONGWOOD, FL 32750 US

Title: D () Delete
Name: SEGREST, VIOLET
Address: 228 WOOD LAKE DR
City-St-Zip: MAITLAND, FL 32751 US

Title: D () Delete
Name: THORNTON, KEN
Address: 1704 DAVENPORT GLEN
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: D () Delete
Name: MORRIS, DAVID
Address: 312 WYNDHAM WAY
City-St-Zip: CASSELBERRY, FL 32707 US

Title: D () Delete
Name: BERARDICURTI, ANDY
Address: 326 SHADOW OAK DRIVE
City-St-Zip: CASSELBERRY, FL 32707 US

Title: D () Delete
Name: MORSE, JOHN
Address: 341 LITTLE SPRINGS LANE
City-St-Zip: LONGWOOD, FL 32750 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: GIBSON, ROBERT
Address: 305 WYNDHAM WAY
City-St-Zip: CASSELBERRY, FL 32707 US

Title: D (X) Change () Addition
Name: CARLTON, GEORGE
Address: 2632 DERBYSHIRE RD
City-St-Zip: MAITLAND, FL 32751 US

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: VIOLET SEGREST

D

01/11/2007

Electronic Signature of Signing Officer or Director

Date