## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 702221**

FILED Jan 19, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 4921 S. U.S. HWY 17/92 CASSELBERRY, FL 32707 LIS **Current Mailing Address: New Mailing Address:** 4921 SOUTH US HWY 17/92 4921 S. U.S. HWY 17/92 CASSELBERRY, FL 32707 US CASSELBERRY, FL 32707 US FEI Number: 59-1088730 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HALE, PAMELA W ADMINIS 211 HUNTERS TRAIL LONGWOOD, FL 32779 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition EVERT, DONNA L MORSE, JOHN Name: Name: 725 OXFORD ST Address: 341 LITTLE SPRINGS LANE Address: City-St-Zip: LONGWOOD, FL 32750 US City-St-Zip: LONGWOOD, FL 32750 US Title: () Delete Title: () Change () Addition SEGREST, VIOLET Name: Name: Address: 228 WOOD LAKE DR Address: City-St-Zip: MAITLAND, FL 32751 US City-St-Zip: Title: () Delete Title: () Change () Addition GIBSON, ROBERT Name: Name: 305 WYNDHAM WAY Address: Address: City-St-Zip: CASSELBERRY, FL 32707 US City-St-Zip: Title: Title: () Change () Addition ( ) Delete SEGREST, WILLIAM Name: Name: 228 WOOD LAKE DRIVE Address: Address: City-St-Zip: MAITLAND, FL 32751 US City-St-Zip: Title: () Delete Title: () Change () Addition MARCZUK, MIGUEL Name: Name: 755 KEENELAND PIKE Address: Address: City-St-Zip: LAKE MARY, FL 32746 US City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition MORSE, JOHN EVERT. JOE Name: Name: Address: 341 LITTLE SPRINGS LANE Address: 305 PAWNEE TRAIL LONGWOOD, FL 32750 US WINTER SPRINGS, FL 32708 US City-St-Zip: 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: VIOLET SEGREST D 01/19/2009