2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State
02-25-2008 90039 003 ****70.00

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DOCUMENT # 703285

1. Entity Name
CASON UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
342 NORTH SWINTON AVE. DELRAY BEACH, FL 33444	342 NORTH SWINTON AVE. DELRAY BEACH, FL 33444

02212008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-6031865 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MURRAY- PORT, ROSALIND 342 N. SWINTON AVE DELRAY BEACH, FL 33444	Name Charles R. Blose Street Address (P.O. Box Number is Not Acceptable) 342 N. Swinton Ave. City Delray Beach FL Zip Code 33444

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Charles R. Blose Charles R. Blose 02/22/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WOODEN, BARBARA 342 N. SWINTON AVE. DELRAY BEACH, FL 33444	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/C MURRAY-PORT, ROSALIND 342 N. SWINTON AVE. DELRAY BEACH, FL 33444	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HARTUNG, WALTER 342 N SWINTON AVE. DELRAY BEACH, FL 33444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S THOMAS, JENNIFER 342 N. SWINTON AVE. DELRAY BEACH, FL 33444	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BLOSE, CHARLES R 342 N. SWINTON AVE. DELRAY BEACH, FL 33444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAWRENCE, GENE 342 N. SWINTON AVE. DELRAY BEACH, FL 33444	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NIX, WILLIAM 342 N. SWINTON AVE. DELRAY BEACH, FL 33444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEWART, RICH 342 N. SWINTON AVE. DELRAY BEACH, FL 33444	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARSICO, ROBERT 342 N SWINTON AVE DELRAY BEACH, FL 33444	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEEKES, NATHANIEL 342 N. SWINTON AVE. DELRAY BEACH, FL 33444	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENEMELIS, ROBERT 342 N SWINTON AVE DELRAY BEACH, FL 33444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles R. Blose Charles R. Blose 02/22/2008 (561) 276-5302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #