2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# 703285

Entity Name: CASON UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

342 NORTH SWINTON AVE.
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

342 NORTH SWINTON AVE.
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: 59-6031865 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MATHEWS, GEORGE W ESQ
1325 S. CONGRESS AVENUE
104
BOYNTON BEACH, FL 33426 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:	PC	( ) Delete
Name:	MURRAY-PORT, ROSALIND	
Address:	342 N SWINTON AVE	
City-St-Zip:	DELRAY BEACH, FL 33444	
Title:	T	( ) Delete
Name:	ADAMS, WILLIAM S	
Address:	19 NW 24TH COURT	
City-St-Zip:	DELRAY BEACH, FL 33444	
Title:	D	( ) Delete
Name:	CASEBOLT, NANCY	
Address:	702 N. SWINTON AVENUE	
City-St-Zip:	DELRAY BEACH, FL 33444	
Title:	D	( ) Delete
Name:	JENNINGS, REBECCA A	
Address:	12937 COCOA PINE DRIVE	
City-St-Zip:	BOYNTON BEACH, FL 33436	
Title:	D	( ) Delete
Name:	LOVE, FRED DR.	
Address:	315 NW 18TH STREET	
City-St-Zip:	DELRAY BEACH, FL 33444	
Title:	D	( ) Delete
Name:	WEEKS, NATHANIEL	
Address:	342 N. SWINTON AVE	
City-St-Zip:	DELRAY BEACH, FL 33444	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PC	(X) Change ( ) Addition
Name:	GORMLEY, JOHN	
Address:	342 N SWINTON AVE	
City-St-Zip:	DELRAY BEACH, FL 33444	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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 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: WILLIAM S. ADAMS T 02/05/2009
Electronic Signature of Signing Officer or Director — Date