

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703804

FILED  
Apr 13, 2009  
Secretary of State

**Entity Name:** MULBERRY UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business:**

306 NORTH CHURCH AVENUE,  
MULBERRY, FL 33860

**New Principal Place of Business:**

**Current Mailing Address:**

306 NORTH CHURCH AVENUE,  
MULBERRY, FL 33860

**New Mailing Address:**

**FEI Number:** 59-1591125

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ELLIS, CARL M JR.  
766 MARTINIQUE CIRCLE  
LAKELAND, FL 33803 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: T ( ) Delete  
Name: FAULK, BERNICE  
Address: 6016 CHRISTINA DR. E  
City-St-Zip: LAKELAND, FL 33813

Title: D ( ) Delete  
Name: NANCY, HATCH  
Address: 601 NE SECOND AVE  
City-St-Zip: MULBERRY, FL 33860

Title: D ( ) Delete  
Name: HOSLER, RON  
Address: 132 LAKE MICHIGAN DR  
City-St-Zip: MULBERRY, FL 33860

Title: D ( ) Delete  
Name: HURST, LAURIE  
Address: PO BOX 443  
City-St-Zip: MULBERRY, FL 33860

Title: D ( ) Delete  
Name: DORSETT, AL  
Address: 262 WOOD HALL DR.  
City-St-Zip: MULBERRY, FL 33860

Title: D ( ) Delete  
Name: CLEVELAND, TERRY  
Address: 3685 BAILEY DR.  
City-St-Zip: MULBERRY, FL 33860

**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: SUE, MALCOM  
Address: 1850 LAKEPOINT  
City-St-Zip: BARTOW, FL 33830

Title: D (X) Change ( ) Addition  
Name: DORSETT, AUDREY  
Address: 262 WOOD HALL DR  
City-St-Zip: MULBERRY, FL 33860

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: BERNICE FAULK

T

04/13/2009

Electronic Signature of Signing Officer or Director

Date