2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2009
Secretary of State

DOCUMENT# 705195

Entity Name: SALERNO SOUTHERN METHODIST CHURCH, INC.

Current Principal Place of Business:

4899 S.E. EBBTIDE AVENUE
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 143
PORT SALERNO, FL 34992

New Mailing Address:

FEI Number: 59-2282965 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JOHNSON, JUDITH O
5082 S.E. KINGFISH AVENUE
STUART, FL 34997 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:	PD	( ) Delete
Name:	JOHNSON, LLOYD	
Address:	5082 S.E. KINGFISH AVENUE	
City-St-Zip:	STUART, FL 34997	
Title:	VD	( ) Delete
Name:	YOUNGBLOOD, KEVIN	
Address:	1900 SOUTH KANNER HIGHWAY, APT 8-201	
City-St-Zip:	STUART, FL 34994	
Title:	ST	( ) Delete
Name:	JOHNSON, JUDITH O	
Address:	5082 KINGFISH AVENUE	
City-St-Zip:	STUART, FL 34997	
Title:	D	( ) Delete
Name:	LEWIS, TOM	
Address:	4750 S.E. BYWOOD TERRACE	
City-St-Zip:	STUART, FL 34997	
Title:	D	(X) Delete
Name:	WALKER, WILLIAM F	
Address:	5065 S.E. CHANNEL DRIVE	
City-St-Zip:	STUART, FL 34997	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VD	(X) Change ( ) Addition
Name:	LEWIS, TOM	
Address:	4750 S.E. BYWOOD TERRACE	
City-St-Zip:	STUART, FL 34997	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	WALKER, WILLIAM	
Address:	5065 S.E. CHANNEL DRIVE	
City-St-Zip:	STUART, FL 34997	
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: LLOYD JOHNSON PD 01/24/2009

Electronic Signature of Signing Officer or Director — Date