

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705195

FILED
Mar 27, 2011
Secretary of State

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
Name: JOHNSON, LLOYD
Address: 5082 S.E. KINGFISH AVENUE
City-St-Zip: STUART, FL 34997

Title: VD
Name: LEWIS, TOM
Address: 4750 S.E. BYWOOD TERRACE
City-St-Zip: STUART, FL 34997

Title: T
Name: STILLER, SHARON A
Address: 3409 SE SALERNO ROAD
City-St-Zip: STUART, FL 34997

Title: D
Name: MELDAU, FRED
Address: 5400 SE JACK AVENUE, LOT H5
City-St-Zip: STUART, FL 34997

Title: AST
Name: JOHNSON, JUDITH O
Address: 5082 SE KINGFISH AVENUE
City-St-Zip: STUART, FL 34997

Title: S
Name: AUSTIN, PAMELA O
Address: 3280 SE CYPRESS STREET
City-St-Zip: STUART, FL 34997

I hereby 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 all other like empowered.

SIGNATURE: LLOYD JOHNSON

PD

03/27/2011

Electronic Signature of Signing Officer or Director

Date