

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706043

FILED
Feb 22, 2008
Secretary of State

Entity Name: DUNKLIN MEMORIAL CHURCH, INC.

Current Principal Place of Business:

3342 SW HOSANAH LANE
OKEECHOBEE, FL 34974

New Principal Place of Business:

Current Mailing Address:

3342 SW HOSANAH LANE
OKEECHOBEE, FL 34974

New Mailing Address:

FEI Number: 59-1083402

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVANS, DONALD E
3505 DEER RUN TRAIL
OKEECHOBEE, FL 34974 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: D () Delete
Name: STRAYHORN, GUY,
Address: 123 RIVER RD.
City-St-Zip: FT. MYERS, FL

Title: P () Delete
Name: MURROW, HUGH
Address: 23154 SW HALLELUJAH WAY
City-St-Zip: OKEECHOBEE, FL 34974

Title: DC () Delete
Name: BEESON, FRED V
Address: 24240 SW MARTIN HWY
City-St-Zip: OKEECHOBEE, FL 34974

Title: D () Delete
Name: EVANS, LAURA MAYE
Address: 3505 DEER RUN TRAIL
City-St-Zip: OKEECHOBEE, FL 34974

Title: D () Delete
Name: EVANS, DONALD
Address: 3505 DEER RUN TRAIL
City-St-Zip: OKEECHOBEE, FL 34974

Title: D () Delete
Name: JOLICOEUR, JERRY,
Address: 2044 S.W. 19TH LN.
City-St-Zip: OKEECHOBEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
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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: TODD HASKELL

S

02/22/2008

Electronic Signature of Signing Officer or Director

Date