

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707166

FILED
Mar 05, 2009
Secretary of State

Entity Name: DRUID HILLS METHODIST CHURCH INC

Current Principal Place of Business:

1712 S. E. LAKE WEIR ROAD
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

1712 S. E. LAKE WEIR ROAD
OCALA, FL 34471 US

New Mailing Address:

FEI Number: 59-1104459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIFFITH, RUTH
9196 A SW 89TH TERRACE
OCALA, FL 34481 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: PITTS, BILL
Address: 5135 N. E. 64TH AVE.
City-St-Zip: SILVER SPRING, FL 34488

Title: D () Delete
Name: GREENE, BOB
Address: 2837 S. E. 37TH ST.
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: BAUGHER, ROY
Address: 80 S. W. 80TH ST.
City-St-Zip: OCALA, FL 34476

Title: D () Delete
Name: HOSEY, JENNY
Address: 255 N. E. 51ST AVE.
City-St-Zip: OCALA, FL 34470

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: ERNST, JOE
Address: 110 SW 71ST PLACE
City-St-Zip: OCALA, FL 34476

Title: MGRM (X) Change () Addition
Name: REID, CHARLES
Address: 6541 HEMLOCK ROAD
City-St-Zip: OCALA, FL 34472

Title: S (X) Change () Addition
Name: BAUGHER, ROY
Address: 80 S. W. 80TH ST.
City-St-Zip: OCALA, FL 34476

Title: C (X) Change () Addition
Name: REID, EUNICE
Address: 6541 HEMLOCK ROAD
City-St-Zip: OCALA, FL 34472

Title: T () Change (X) Addition
Name: GREENE, ROXANA
Address: 2838 SE 37TH STREET
City-St-Zip: OCALA, FL 34471

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: CAROLE T. NEWLIN

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03/05/2009

Electronic Signature of Signing Officer or Director

Date