2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# 707562

Entity Name: OAKHURST UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

13400 PARK BLVD. N.
SEMINOLE, FL 33776

New Principal Place of Business:

Current Mailing Address:

13400 PARK BLVD. N.
SEMINOLE, FL 33776

New Mailing Address:

FEI Number: 59-1380221 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOBIES, TONY
6067 BAY LAKE DR. N.
ST. PETERSBURG, FL 33708 US

Name and Address of New Registered Agent:

SMITH, KATHLEEN
13355 - 92ND AVE. N.
SEMINOLE, FL 33776 US

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: KATHLEEN SMITH 04/28/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: BLAIN, ROBERT
Address: 14221 -82ND TERR
City-St-Zip: SEMINOLE, FL 33776

Title: C ( ) Delete
Name: DOBIES, TONY
Address: 6067 BAY LAKE DR. N.
City-St-Zip: ST. PETERSBURG, FL 33708

Title: D ( ) Delete
Name: JACOBSON, JOAN
Address: 5451 OAKHURST DR
City-St-Zip: SEMINOLE, FL 33772

Title: D ( ) Delete
Name: WEDLAKE, JAMES
Address: 11671 GROVE ST.
City-St-Zip: SEMINOLE, FL 33772

Title: D ( ) Delete
Name: SHEPHERD, THOMAS
Address: 13110 CIMARRON CIR. S.
City-St-Zip: LARGO, FL 33774

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change ( ) Addition
Name: SMTIH, KATHLEEN
Address: 13355 - 92ND AVE. N.
City-St-Zip: SEMINOLE, FL 33776

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: DOBIES, TONY
Address: 6067 BAY LAKE DR. N.
City-St-Zip: SEMINOLE, FL 33708

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: KATHLEEN SMITH C 04/28/2009
Electronic Signature of Signing Officer or Director Date