2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# 707783

Entity Name: UNITED METHODIST CHURCH OF SATELLITE BEACH, INC.

Current Principal Place of Business:

450 LEE AVE
SATELLITE BEACH, FL 32937 US

New Principal Place of Business:

Current Mailing Address:

450 LEE AVE
SATELLITE BEACH, FL 32937 US

New Mailing Address:

FEI Number: 59-1100835 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOOMIS, MICHAEL C
450 LEE AVE.
SATELLITE BEACH FL, FL 32937 US

Name and Address of New Registered Agent:

LOOMIS, MICHAEL C
450 LEE AVE.
SATELLITE BEACH, FL 32937 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: MICHAEL C. LOOMIS 03/24/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MUTTER, MICHAEL D
Address: 369 GLENWOOD AVE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D ( ) Delete
Name: LAYE, DICK
Address: 207 HARBOUR DRIVE WEST
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: D ( ) Delete
Name: HICKS, DAVE
Address: 470 COACH RD
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D ( ) Delete
Name: SOLLIDAY, MARJORIE
Address: 480 E. AMHERST CIRCLE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D ( ) Delete
Name: PHILLIPS, DAVE
Address: 419 ARUBA CT
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D ( ) Delete
Name: MCCLURE, JERRYAN
Address: 537 ISLAND CT.
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

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
Name:
Address:
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: KYLE S. HENDERSON MRS. 03/24/2009
Electronic Signature of Signing Officer or Director Date