

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707813

FILED
Jan 14, 2009
Secretary of State

Entity Name: THE ST. PAULS UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

1591 HIGHLAND AVENUE
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

1591 HIGHLAND AVENUE
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 59-0806592

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SYLVESTER, HAROLD T
1591 HIGHLAND AVE.
MELBOURNE, FL 32935 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 () Delete
Name: SMITH, JASPER A
Address: 2310 POLONIUS LN
City-St-Zip: MELBOURNE, FL 32934

Title: VD () Delete
Name: ELLERBEE, TOM
Address: 3307 KENT DRIVE
City-St-Zip: MELBOURNE, FL 32935

Title: SD () Delete
Name: PEGRAM, BARBARA
Address: 1135 CARISSA PL
City-St-Zip: MELBOURNE, FL 32935

Title: TD () Delete
Name: SYLVESTER, HAROLD T
Address: 2767 VILLAGE PARK DR
City-St-Zip: MELBOURNE, FL 32934

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: KNEPPER, JAMES
Address: 434 PINETREE DR
City-St-Zip: INDIALANTIC, FL 32903

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

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

Title: D () Change (X) Addition
Name: ELLERBEE, TOM
Address: 3307 KENT DR
City-St-Zip: MELBOURNE, FL 32935

Title: D () Change (X) Addition
Name: FLAMM, RICHARD
Address: 1992 ADAMS AVE
City-St-Zip: MELBOURNE, FL 32935

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: HAROLD T. SYLVESTER

DT

01/14/2009

Electronic Signature of Signing Officer or Director

Date