

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2008 8:00 am**  
**Secretary of State**

02-13-2008 90029 049 \*\*\*\*70.00

**DOCUMENT # 708397**

1. Entity Name  
**SUN RAY UNITED METHODIST CHURCH, INC.**



Principal Place of Business  
**316 RAYMOND AVE.  
FROSTPROOF, FL 33843**

Mailing Address  
**316 RAYMOND AVE.  
FROSTPROOF, FL 33843**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01272008

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**59-2335881**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAXTER, JAMES  
505 THOMAS AVE.  
FROSTPROOF, FL 33843**

Name **Edward L. Parks**

Street Address (P.O. Box Number is Not Acceptable)  
**1302 G St., Lot 37**

City **Avon Park**

**FL**

Zip Code  
**33825**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Edward L. Parks, Treasurer**

**2/8/08**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**BC  
HOVEY, DARRELL  
506 THOMAS AVE.  
FROSTPROOF, FL 33843** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
ROBINSON, EVELYN  
443 STANLEY AVE  
FROSTPROOF, FL 33843** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CT  
BAXTER, JAMES  
505 THOMAS AVE.  
FROSTPROOF, FL 33843** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CT  
HORTON, GEORGE  
340 WALTER AVE  
FROSTPROOF, FL 33843** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
PARKS, EDWARD L.  
1302 G St., Lot 37  
Avon Park FL 33825** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CS  
LEFEVER, JANICE  
449 STANLEY AVE.  
FROSTPROOF, FL 33843** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **George Horton, Chairman of the Council** **2/10/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #