2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# 708629

Entity Name: FLORIDA UNION OF EPISCOPAL METHODIST CHURCHES, INC.

Current Principal Place of Business:

5635 CYPRESS CIR
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

5635 CYPRESS CIR
TALLAHASSEE, FL 32303 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOBLE, MERSHAL
5635 CYPRESS CIR
TALLAHASSEE, FL 32303 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: P ( ) Delete
Name: LOWRY, A. LEON II
Address: 9800 WATERS MEET DR
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: T ( ) Delete
Name: LITTLES, LEROY
Address: 2317 OLIVER ST
City-St-Zip: TALLAHASSEE, FL 32310 US

Title: ST ( ) Delete
Name: NOBLE, MERSHAL
Address: 5635 CYPRESS CIR
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: T ( ) Delete
Name: NOBLE, TRACY
Address: 5635 CYPRESS CIR
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: T ( ) Delete
Name: DIXON, OTIS JR
Address: 901 CARVER ST
City-St-Zip: TALLAHASSEE, FL 32310 US

Title: S ( ) Delete
Name: DIXON, OTIS L III
Address: 901 CARVER ST
City-St-Zip: TALLAHASSEE, FL 32310 US

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: MERSHAL NOBLE SEC 04/29/2009

Electronic Signature of Signing Officer or Director — Date