

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 709265

1. Entity Name
ALVA METHODIST CHURCH INC



Principal Place of Business
**21440 PEARL ST.
ALVA, FL 33920**

Mailing Address
**P.O. BOX 96
ALVA, FL 33920**

FILED
Jul 17, 2008 08:00 AM
Secretary of State



07152008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0250411

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LANOUE, MARY ELLEN REV.
21441 PEARL ST.
ALVA, FL 33920**

**DO NOT WRITE
IN THIS SPACE**

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

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 September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LANOUE, MARY E
STREET ADDRESS	21441 PEARL ST
CITY-ST-ZIP	ALVA, FL 33920
TITLE	T
NAME	HOWARD, MITCH
STREET ADDRESS	1810 MITCHELL AVENUE
CITY-ST-ZIP	ALVA, FL 33920
TITLE	D
NAME	MELOY, DAVID
STREET ADDRESS	3621 BUCKINGHAM RD.
CITY-ST-ZIP	FORT MYERS, FL 33905
TITLE	T
NAME	PILKINGTON, HARRY
STREET ADDRESS	13442 CARIBBEAN BLVD.
CITY-ST-ZIP	FT. MYERS, FL 33905
TITLE	D
NAME	LIPPINCOTT, EUGENE
STREET ADDRESS	4450 E 23RD ST.
CITY-ST-ZIP	ALVA, FL 33920
TITLE	T
NAME	HARPER, DAVID G
STREET ADDRESS	357 E BUELL DR.
CITY-ST-ZIP	LEHIGH ACRES, FL 33971

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07/17/08-80002-003 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Lana Flint
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-08

239-728-2277

Date

Daytime Phone #