

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710413

FILED
Feb 14, 2007
Secretary of State

Entity Name: MARY ESTHER METHODIST CHURCH, INC.

Current Principal Place of Business:

703 MIRACLE STRIP PARKWAY
P.O. BOX 846
MARY ESTHER, FL 32569

New Principal Place of Business:

703 MIRACLE STRIP PARKWAY
MARY ESTHER, FL 32569

Current Mailing Address:

703 MIRACLE STRIP PARKWAY
P.O. BOX 846
MARY ESTHER, FL 32569

New Mailing Address:

FEI Number: 59-2398857 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLOWERS, DARLA
703 MIRACLE STRIP PARKWAY
P.O. BOX 846
MARY ESTHER, FL 32569 US

Name and Address of New Registered Agent:

FLOWERS, DARLA
703 MIRACLE STRIP PARKWAY
MARY ESTHER, FL 32569 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:

02/14/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POLSON, STAN
Address: P.O. BOX 96
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VPD () Delete
Name: PIKE, PENNY
Address: 25 NEPTUNE DRIVE
City-St-Zip: MARY ESTHER, FL 32569

Title: S () Delete
Name: SEARS, CHRIS
Address: 101 CAYMAN COVE
City-St-Zip: DESTIN, FL 32541

Title: TR () Delete
Name: REYNOLDS, C.F.
Address: 132 WOODBINE ROAD
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: CH () Delete
Name: HALEY, JACK
Address: 17 NEPTUNE DRIVE
City-St-Zip: MARY ESTHER, FL 32569

Title: TD () Delete
Name: LINN, JOE
Address: 60 WINDY WAY
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TRIPLETT, SHARON
Address: P.O. BOX 846
City-St-Zip: MARY ESTHER, FL 32569

Title: VPD (X) Change () Addition
Name: WELLS, JIM
Address: P.O. BOX 846
City-St-Zip: MARY ESTHER, FL 32569

Title: S (X) Change () Addition
Name: SEARS, CHRIS
Address: P.O. BOX 846
City-St-Zip: MARY ESTHER, FL 32569

Title: TR (X) Change () Addition
Name: REYNOLDS, C.F.
Address: P.O. BOX 846
City-St-Zip: MARY ESTHER, FL 32569

Title: CH (X) Change () Addition
Name: HALEY, JACK
Address: P.O. BOX 846
City-St-Zip: MARY ESTHER, FL 32569

Title: TD (X) Change () Addition
Name: LINN, JOE
Address: P.O. BOX 846
City-St-Zip: MARY ESTHER, FL 32569

I hereby certify that the information supplied with this filing does not qualify for the 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: DARLA FLOWERS

RA

02/14/2007

Electronic Signature of Signing Officer or Director

Date