

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710413

FILED
Jan 09, 2009
Secretary of State

Entity Name: MARY ESTHER METHODIST CHURCH, INC.

Current Principal Place of Business:

703 MIRACLE STRIP PARKWAY
MARY ESTHER, FL 32569

New Principal Place of Business:

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
MARY ESTHER, FL 32569 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: WILLIS, DEANE
Address: P.O. BOX 846
City-St-Zip: MARY ESTHER, FL 32569

Title: VPD () Delete
Name: TRIPLETT, SHARON
Address: P.O. BOX 846
City-St-Zip: MARY ESTHER, FL 32569

Title: S () Delete
Name: LYONS, PEGGY
Address: P.O. BOX 846
City-St-Zip: MARY ESTHER, FL 32569

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

Title: CH () Delete
Name: LANDIS, VIOLA
Address: P.O. BOX 846
City-St-Zip: MARY ESTHER, FL 32569

Title: TD () Delete
Name: PERKINS, FRANK
Address: P.O. BOX 846
City-St-Zip: MARY ESTHER, FL 32569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DEANE WILLIS

PD

01/09/2009

Electronic Signature of Signing Officer or Director

Date