

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710413

FILED
Feb 01, 2011
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
Name: BECK, ROBERT
Address: P.O. BOX 846
City-St-Zip: MARY ESTHER, FL 32569

Title: VPD
Name: GOODSON, DON
Address: P.O. BOX 846
City-St-Zip: MARY ESTHER, FL 32569

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

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

Title: CH
Name: SEAL, JOYCE
Address: P.O. BOX 846
City-St-Zip: MARY ESTHER, FL 32569

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

I hereby 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 all other like empowered.

SIGNATURE: DARLA FLOWERS

RA

02/01/2011

Electronic Signature of Signing Officer or Director

Date