## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#710511** 

FILED Apr 10, 2009 Secretary of State

Entity Name: FLAGLER BEACH UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:				New Principal Place of Business:			
1520 S. DAYTONA AVENUE P.O. BOX 929 FLAGLER BEACH, FL 321360929				1520 S. DAYTONA AVENUE FLAGLER BEACH, FL 321360929			
Current Mailing Address:				New Mailing Address:			
1520 S. DAYTONA AVENUE P.O. BOX 929 FLAGLER BEACH, FL 321360929 US				1520 S. DAYTONA AVENUE PO BOX 929 FLAGLER BEACH, FL 321360929			
FEI Number:	: 59-2349501	FEI Number Applied For ( )	FEI Numb	er Not Appli	cable ( )	Certificate of Status Desire	ed ( )
Name and	Address of C	Current Registered Agent:	N	lame and	Address of N	lew Registered Agent:	
VATH, RONALD 301 N FLAGLER AVENUE FLAGLER BEACH, FL 32136 US				PALMER, EDWARD CT 19 ULLANDING PLACE PALM COAST, FL 32164 US			
	named entity e of Florida.	submits this statement for the pu	irpose of o	changing it	s registered o	ffice or registered agent	, or both,
SIGNATURE: EDWARD PALMER						04/10/2009	
	Electror	nic Signature of Registered Ager	nt			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	DUENSING, W	I SHORE BLVD	N A	itle: lame: .ddress: city-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	CT ( VATH, RONALI 301 N FLAGLE FLAGLER BEA	R AVE	N A	itle: lame: .ddress: city-St-Zip:	CD (X) RAUSCHER, DA 47 ZAUN TRAIL PALM COAST,		
Title: Name: Address: City-St-Zip:	GOODMAN, GI 15 LK FOREST		N A	itle: lame: .ddress: city-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( LAZEAR, LYLE 2737 N OCEAN FLAGLER BEA	I SHORE BLVD	N A	itle: lame: .ddress: city-St-Zip:	CT (X) PALMER, EDW 19 ULLANDING PALM COAST,	PLACE	
Title: Name: Address: City-St-Zip:	S ( KATSOLIS, CA 2099 JOYCE A FLAGLER BEA	VE.	N A	itle: lame: .ddress: city-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PD ( SWAN, DOUGL 1532 S DAYTO FLAGLER BEA	NA AVE	N A	itle: lame: .ddress: city-St-Zip:	()	Change ( ) Addition	

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: WINNIE R. DUENSING TD 04/10/2009