

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711130

FILED
Jan 14, 2009
Secretary of State

Entity Name: GRAY MEMORIAL UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

2201 OLD BAINBRIDGE RD.
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

2201 OLD BAINBRIDGE RD.
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 59-1720253

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, SAM H
1906 EAST NELSON CIRCLE
TALLAHASSEE, FL 32303 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: C/T () Delete
Name: ADAMS, SAM H
Address: 1906 EAST NELSON CIRCLE
City-St-Zip: TALLAHASSEE, FL 32303

Title: T () Delete
Name: HUTCHISON, JOHN
Address: 1941 SETTING SUN TRAIL
City-St-Zip: TALLAHASSEE, FL 32303

Title: T () Delete
Name: HUTCHISON, MICHAEL
Address: 2197 PARROT LANE
City-St-Zip: TALLAHASSEE, FL 32303

Title: T () Delete
Name: EDDY, BILL
Address: 4380 SHERBORNE RD
City-St-Zip: TALLAHASSEE, FL 32303

Title: T () Delete
Name: ADAMS, JENNIFER G
Address: 1906 EAST NELSON CIRCLE
City-St-Zip: TALLAHASSEE, FL 32303

Title: T () Delete
Name: SIMPSON, PATSY
Address: 1916 SHERWOOD DR
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
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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: SAM H. ADAMS

C/T

01/14/2009

Electronic Signature of Signing Officer or Director

Date