

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711720

FILED
Feb 14, 2009
Secretary of State

Entity Name: COMMUNITY UNITED METHODIST CHURCH OF HOLIDAY, INC.

Current Principal Place of Business:

3214 U.S. HIGHWAY 19
HOLIDAY, FL 34691

New Principal Place of Business:

Current Mailing Address:

3214 U.S. HIGHWAY 19
HOLIDAY, FL 34691

New Mailing Address:

FEI Number: 59-1205636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, KENNETH
4939 FLORAMAR TERRACE
SUITE 906
NEW PORT RICHEY, FL 34652 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: TR () Delete
Name: ANDERSON, JOHN
Address: 5379 PEACOCK DR
City-St-Zip: HOLIDAY, FL 34690

Title: TR () Delete
Name: RAAP, LORRAINE
Address: 4217 HAMPTON DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TR () Delete
Name: CRACOLICI, THOMAS
Address: 9031 SUNSHINE BLVD
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: TR () Delete
Name: BROWN, LOIS
Address: 3731 FLORAMAR TERRACE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: CTR () Delete
Name: ANDERSON, KENNETH
Address: 4939 FLORAMAR TERRACE
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TR (X) Change () Addition
Name: JOHN, KELLY
Address: 3118 CRENSHAW CT.
City-St-Zip: TRINITY, FL 34655

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: KENNETH ANDERSON

CTR

02/14/2009

Electronic Signature of Signing Officer or Director

Date