

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712286

FILED  
Feb 14, 2009  
Secretary of State

**Entity Name:** MYAKKA CITY UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business:**

10535 LEBANON ST  
MYAKKA CITY, FL 34251 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 147  
MYAKKA CITY, FL 342510147 US

**New Mailing Address:**

**FEI Number:** 59-2158483

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COKER, MARILYN  
13015 SEMINOLE AVE  
MYAKKA CITY, FL 33551 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: CARLTON, ROLAND  
Address: 4955 WAUCHULA RD  
City-St-Zip: MYAKKA CITY, FL 34251

Title: V ( ) Delete  
Name: JUREWICZ, EILEEN  
Address: 9320 WAUCHULA RD  
City-St-Zip: MYAKKA CITY, FL

Title: TD ( ) Delete  
Name: CARLTON, IRENE  
Address: 37975 SR 70 E  
City-St-Zip: MYAKKA CITY, FL

Title: TD ( ) Delete  
Name: COKER, MARILYN  
Address: 10310 SEMINOLE AVE.  
City-St-Zip: MYAKKA CITY, FL 34251

**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  
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: CAROLYN STOLIKER

TREA

02/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date