

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712327

FILED
Feb 11, 2009
Secretary of State

Entity Name: LAKE PANASOFFKEE UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

589 C.R. 470
LAKE PANASOFFKEE, FL 33538

New Principal Place of Business:

589 C.R. 470
LAKE PANASOFFKEE, FL 335386057

Current Mailing Address:

PO BOX 156
LAKE PANASOFFKEE, FL 33538

New Mailing Address:

589 N CR 470
LAKE PANASOFFKEE, FL 335386057 US

FEI Number: 59-2328188

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THORNTON, RANDALL N
2031 CR 470
LAKE PANASOFFKEE, FL 33538 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: T () Delete
Name: WOODS, LEONARD
Address: P.O. BOX 1285
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: T () Delete
Name: WILLIAMS, DICK
Address: 1032 WOODSIDE DR
City-St-Zip: WILDWOOD, FL 34785

Title: T () Delete
Name: BOWERS, HENRY
Address: 1247 CR 437
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: T () Delete
Name: CLARK, ROBERT
Address: 808 CR 482 B
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: T () Delete
Name: MCCARTNEY, GENE
Address: 1336 CR 459 LOT 9
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: () Delete
Name:
Address:
City-St-Zip:

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: T (X) Change () Addition
Name: NORTON, RODGER
Address: 1957 CR 439C
City-St-Zip: LAKE PANASOFFKEE, FL 33538

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

Title: T () Change (X) Addition
Name: MCDANIEL, TOM
Address: 1955 CR 439C
City-St-Zip: LAKE PANASOFFKEE, FL 33538

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: SUSAN R CLANTON

TREA

02/11/2009

Electronic Signature of Signing Officer or Director

Date