

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713358

FILED
Apr 22, 2009
Secretary of State

Entity Name: FIRST UNITED METHODIST CHURCH OF PINE HILLS, INC.

Current Principal Place of Business:

1400 NOWELL ST
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

1400 NOWELL ST
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 59-0855401

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VENABLE, GLEN
6407 LAUREN COURT
ORLANDO, FL 32818 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: P () Delete
Name: NOLIN, STEVE
Address: 7413 ANSTEAD CIRCLE
City-St-Zip: ORLANDO, FL 32810

Title: T () Delete
Name: HAIGHT, ERNEST
Address: 1907 HINCKLEY ROAD
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: LACKEY, HARRY
Address: 1419 PINE HILLS ROAD
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: JONES, PAT
Address: 5808 HORNET DRIVE
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: ZABEL, DON
Address: 2814 GRASSMERE LANE
City-St-Zip: ORLANDO, FL 32808

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:

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: CHARLA GOFF

ADMI

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date