

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713363

FILED
Mar 21, 2009
Secretary of State

Entity Name: MIAKKA METHODIST CHURCH, INC.

Current Principal Place of Business:

1620 MYAKKA RD.
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

1620 MYAKKA RD.
SARASOTA, FL 34240

New Mailing Address:

FEI Number: 59-2479004

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUGGAN, MAURIE A
551 MYAKKA RD
SARASOTA, FL 34240 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: LANDER, BOBBIE
Address: 1146 LENA LANE
City-St-Zip: SARASOTA, FL 34240

Title: D () Delete
Name: FREIDA, KATSAROS
Address: 15162 FRUITVILLE RD.
City-St-Zip: SARASOTA, FL 34240

Title: D () Delete
Name: ADAMS, RICHARD
Address: 31950 SINGLETARY ROAD
City-St-Zip: MYAKKA CITY, FL 34251

Title: CD () Delete
Name: DUGGAN, MAURIE A
Address: 551 MYAKKA RD
City-St-Zip: SARASOTA, FL 34240

Title: S () Delete
Name: ADAMS, CHARLOTTE
Address: 31950 SINGLETARY RD
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:

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: BOBBIE LANDER

T

03/21/2009

Electronic Signature of Signing Officer or Director

Date