2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 13, 2009 Secretary of State

DOCUMENT#713593 Secretary of State Entity Name: LIMONA "VILLAGE CHAPEL" UNITED METHODIST CHURCH, INCORPORATED, OF BRANDON, **FLORIDA Current Principal Place of Business: New Principal Place of Business:** 408 LIMONA RD BRANDON, FL 33510 **Current Mailing Address: New Mailing Address:** 408 LIMONA RD BRANDON, FL 33510 FEI Number: 59-1665359 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RAWSON, LESLIE 847 TIMBER POND DR. BRANDON, FL 33510 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition RAWSON, LESLIE Name: Name: 847 TIMBER POND DR. Address: Address: BRANDON, FL 33510 City-St-Zip: City-St-Zip: Title: Title: VΡ (X) Change () Addition () Delete Name: TAYLOR, EARL Name: VINCENT, WAYNE Address: 1724 SOUTHWIND DR. Address: 4883 GOFF LN. City-St-Zip: BRANDON, FL 33510 City-St-Zip: PLANT CITY, FL 33567 Title: () Delete Title: () Change () Addition CHANCEY, HOLLIE Name: Name: 1303 EVYWOOD DR Address: Address: City-St-Zip: DOVER, FL 33527 City-St-Zip: Title: () Delete Title: () Change () Addition Name: EVANS, PAMELA Name: 913 KIRKCALDY WAY Address: Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: Title: () Delete Title: () Change () Addition COOPRIDER, RON Name: Name: 403 CLEMONS RD. Address: Address: City-St-Zip: BRANDON, FL 33510 City-St-Zip: Title: () Delete Title: (X) Change () Addition STUTZMAN, LEO STUTZMAN, KAREN Name: Name: Address: 617 LITHIA PINECREST RD. Address: 617 LITHIA PINECREST RD. BRANDON, FL 33510 BRANDON, FL 33510 City-St-Zip: 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: LESLIE RAWSON P 05/13/2009