

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714353

FILED
Jan 28, 2009
Secretary of State

Entity Name: LADY LAKE UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

109 W. MCCLENDON STREET
LADY LAKE, FL 32159

New Principal Place of Business:

Current Mailing Address:

109 W. MCCLENDON STREET
LADY LAKE, FL 32159

New Mailing Address:

FEI Number: 59-1537929 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WEAVER, CORY D
125 EAST LADY LAKE BLVD
LADY LAKE, FL 32159 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: D () Delete
Name: VINCENT, SUE
Address: 2209 MARGARITA DRIVE
City-St-Zip: THE VILLAGES, FL 32162

Title: ST () Delete
Name: MORRISON, MARY ANN
Address: 1021 RICHARD DR.
City-St-Zip: LADY LAKE, FL 32159

Title: P () Delete
Name: WEAVER, CORY D
Address: 125 E. LADY LAKE BLVD
City-St-Zip: LADY LAKE, FL 32159

Title: D () Delete
Name: CRAWFORD, JERRY
Address: 10159 SE 174TH ST
City-St-Zip: SUMMERFIELD, FL 34491

Title: T () Delete
Name: WEATHERS, GAUIS
Address: 2934 GRIFFIN VIEW DR., LOT 137
City-St-Zip: LADY LAKE, FL 32159

Title: D () Delete
Name: SCHWALLER, GERRY
Address: 409 SNEAD DR
City-St-Zip: LADY LAKE, FL 32159

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:

Title: D (X) Change () Addition
Name: FORT, REBECCA ANN
Address: 921 SOLEDAD WAY
City-St-Zip: LADY LAKE, FL 32159

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: CORY D. WEAVER

MR

01/28/2009

Electronic Signature of Signing Officer or Director

_____ Date