2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #714886

SIGNATURE:

1. Entity Name
THE UNITED CHURCH OF MARCO ISLAND, INC.



FILED Mar 10, 2008 8:00 am Secretary of State 03-10-2008 90063 041 ****61.25

THE SHITES SHOKETHER WINGS TO SHITE, INC.												
Principal Place of Business 320 N BARFIELD DR MARCO ISLAND, FL 34145		320	Mailing Address 320 N BARFIELD DR MARCO ISLAND, FL 34145									
2. Principal Pl	ace of Business - No P.O. Box #	ailing Address										
							,		54811 G1811 B1B13			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				02262008 C	hg-NP	CR2E037	7 (12/06)			
City & State	9	City & State					4. FEI Number 59-186167	78		-	plied For ot Applicable	
Zip	Country		Zip Cou		untry		5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name and Address of Curren	d Agent				7. Name and Add	dress of New R	egistered A	gent			
THOMSON, NORMAN					Name							
	LIER BLVD, # 801 LAND, FL 34145	Street Address			ddress ((P.O. Box Number is Not Acceptable)						
					City				FL	Zip Code	e	
8. 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. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE												
Signature, typed or printed name of registered agent and title il applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees		ake check ida Depart			
10.	OFFICERS AND D	DIRECTORS		11.			ADDITIONS/CHANG	SES TO OFFICE	RS AND DIR	ECTORS IN	I 10	
TITLE	PD		☐ Delete	TITL	E					☐ Change	☐ Addition	
NAME	O'NEILL, JEAN	NAME										
STREET ADDRESS	110 N SUNSET STREET			EET ADDRESS ['- ST-ZIP								
CITY-ST-ZIP	MARCO ISLAND, FL 34145 VPD	C7)		VPD				☐ Change	Addition			
TITLE NAME	LUND, LARRY		Delete	TITLI	f	Fare	rell. Burer	`		☐ Change	Z	
STREET ADDRESS	176 S. COLLIER BLVD. PH7				EET ADDRESS	826	Banvan C	ourt				
CITY-ST-ZIP	MARCO ISLAND, FL 34145		'-ST-ZIP	Mar	urrell, Byron 26 Banyan Court arcoIsland, FL 34145							
TITLE	ΤD	☐ Delete	TITE						☐ Change	Addition		
NAME	THOMSON, NORMAN			NAM							ļ	
STREET ADDRESS	100 N COLLIER BLVD, #801				EET ADDRESS							
CITY-ST-ZIP	MARCO ISLAND, FL 34145		-		'-ST-ZIP	5					1397 a a a a a a	
TITLE NAMÉ	S MILLS, GEN		Delete	TITL	E	ے صاحت	ler Ann			☐ Change	Addition	
STREET ADDRESS	617 DORANDO CT			EET ADORESS	グスタ	ver, Ann p Nassau Road						
CITY-ST-ZIP	MARCO ISLAND, FL 34145		-ST-ZIP	Ma	rco Islan	1, FL 34	145					
TITLE	FS	·	Delete	TITL		FS				☐ Change	Addition	
NAME	BONTHRON, BARBARA		,	NAM	1E	Gaf	fney, Kris	sten	1		·	
STREET ADDRESS	337 MEADOWLARK CT			EET ADDRESS		Shorecrest Drive - Lisland, FL 34145						
CITY-ST-ZIP	MARCO ISLAND, FL 34145			CITY			CO LSIAND	, FC 34	142			
TITLE			☐ Delete	TITL	E	FS		1		☐ Change	Addition	
NAME Street address				NAM STRI	EET ADDRESS	HXE	ison, Cher	yl Aver	ue.			
CITY-ST-ZIP					r-ST-ZIP	Mar	Ison, Cher Collingsu CoIsland	FL 341	45		ļ	
12. I hereby o	certify that the information supplied w	ith this filing	does not qualify for	or the exe	emptions co	ontained	in Chapter 119, Fk	orida Statutes. I	further certif	y that the in	nformation	
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.												

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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