

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716818

FILED
Apr 15, 2008
Secretary of State

Entity Name: ASBURY UNITED METHODIST CHURCH OF BARTOW, INC.

Current Principal Place of Business:

1650 S. JACKSON
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

1650 S. JACKSON
BARTOW, FL 33830

New Mailing Address:

FEI Number: 59-1217980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILL, WILLIAM C
2255 HELEN CIRCLE
BARTOW, FL 33830 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: VPD () Delete
Name: TOMLINSON, CHRISTINE
Address: 1965 TRIPAUL COURT
City-St-Zip: BARTOW, FL 33830

Title: SD () Delete
Name: VAS, EDNA
Address: 835 TRISH PLACE
City-St-Zip: BARTOW, FL 33830

Title: TD () Delete
Name: GILL, WILLIAM C
Address: 2255 HELEN CIRCLE
City-St-Zip: BARTOW, FL 33830

Title: D () Delete
Name: PHILLIPS, JOHN
Address: 2055 S FLORIDA AVE #185
City-St-Zip: BARTOW, FL 33830

Title: P () Delete
Name: MURPHY, JAMES
Address: 540 PARK LANE W
City-St-Zip: BARTOW, FL 33830

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TOMLINSON, CHRISTINE
Address: 1965 TRIPAUL COURT
City-St-Zip: BARTOW, FL 33830

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: MURPHY, JAMES
Address: 540 PARK LANE W
City-St-Zip: BARTOW, FL 33830

Title: VPD () Change (X) Addition
Name: MCLAIN, MARY LEE
Address: 2055 S. FLORAL AVE LOT 96
City-St-Zip: BARTOW,, FL 33830 US

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: WILLIAM C GILL

DT

04/15/2008

Electronic Signature of Signing Officer or Director

Date