

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719794

FILED
Feb 12, 2007
Secretary of State

Entity Name: BURTON MEMORIAL UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

93001 OVERSEAS HIGHWAY
TAVERNIER, FL 33070

New Principal Place of Business:

Current Mailing Address:

93001 OVERSEAS HIGHWAY
TAVERNIER, FL 33070

New Mailing Address:

FEI Number: 59-1817528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONSALVES, NORMAND L
168 JASMINE ST.
TAVERNIER, FL 33070 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: PRES () Delete
Name: GONSALVES, NORMAND
Address: 168 JASMINE ST
City-St-Zip: TAVERNIER, FL 33070

Title: V.P. () Delete
Name: MILLS, KENNETH
Address: 121 GUILFORD CT.
City-St-Zip: TAVERNIER, FL 33070

Title: SECT () Delete
Name: ELLISON, KRISTI
Address: 92165 OVERSEAS HWY.
City-St-Zip: TAVERNIER, FL 33070

Title: T () Delete
Name: ARMBRUSTER, EDWARD
Address: 213 DEXTER CT.
City-St-Zip: TAVERNIER, FL 33070

Title: T () Delete
Name: FISHBURN, EMMA
Address: 161 DUBONNET RD
City-St-Zip: TAVERNIER, FL 33070

Title: T () Delete
Name: JOHNSON, GREG
Address: 105 E. FIRST AVE.
City-St-Zip: KEY LARGO, FL 33037

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V.P. (X) Change () Addition
Name: JOHNSON, GREG
Address: 105 EAST FIRST AVENUE
City-St-Zip: KEY LARGO, FL 33037

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: T (X) Change () Addition
Name: WALKER, MARSHALL
Address: 68 BAHAMA AVE
City-St-Zip: KEY LARGO, FL 33037

I hereby certify that the information supplied with this filing does not qualify for the 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: NORMAND GONSALVES

P

02/12/2007

Electronic Signature of Signing Officer or Director

Date