2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#719794

FILED Mar 19, 2008 Secretary of State

Entity Name: BURTON MEMORIAL UNITED METHODIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 93001 OVERSEAS HIGHWAY TAVERNIER, FL 33070 **Current Mailing Address: New Mailing Address:** 93001 OVERSEAS HIGHWAY TAVERNIER, FL 33070 FEI Number: 59-1817528 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GONSALVES, NORMAND L 168 JASMINE ST. TAVERNIER, FL 33070 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: **PRES** () Delete () Change () Addition GONSALVES, NORMAND Name: Name: 168 JASMINE ST Address: Address: City-St-Zip: TAVERNIER, FL 33070 City-St-Zip: Title: V.P. () Delete Title: V.P. (X) Change () Addition JOHNSON, GREG Name: MILLS, KENNETH Name: Address: 105 EAST FIRST AVENUE Address: 121 GUILFORD COURT City-St-Zip: KEY LARGO, FL 33037 City-St-Zip: TAVERNIER, FL 33070 Title: SECT () Delete Title: SECT (X) Change () Addition ELLISON, KRISTI LILLO, LINDA Name: Name: 105 IVANHOE COURT Address: 92165 OVERSEAS HWY. Address: City-St-Zip: TAVERNIER, FL 33070 City-St-Zip: TAVERNIER, FL 33070 Title: () Delete Title: () Change () Addition Name: ARMBRUSTER, EDWARD Name: Address: 213 DEXTER CT. Address: City-St-Zip: TAVERNIER, FL 33070 City-St-Zip: Title: () Delete Title: () Change () Addition FISHBURN, EMMA Name: Name: 161 DUBONNET RD Address: Address: City-St-Zip: TAVERNIER, FL 33070 City-St-Zip: Title: () Delete Title: () Change () Addition WALKER, MARSHALL Name: Name: Address: 68 BAHAMA AVE Address: KEY LARGO, FL 33037 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: NORMAND GONSALVES PRES 03/19/2008