

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720775

FILED
Jan 07, 2008
Secretary of State

Entity Name: THE SHALIMAR UNITED METHODIST CHURCH OF SHALIMAR, FLORIDA, INC.

Current Principal Place of Business:

OF SHALIMAR FLORIDA INC
P O BOX 795, FERRY ROAD AND MEIGS DR.
SHALIMAR, FL 325797795

New Principal Place of Business:

OF SHALIMAR FLORIDA INC
1 OLD FERRY ROAD AND MEIGS DR.
SHALIMAR, FL 325797795

Current Mailing Address:

OF SHALIMAR FLORIDA INC
P O BOX 795, FERRY ROAD AND MEIGS DR.
SHALIMAR, FL 325797795

New Mailing Address:

OF SHALIMAR FLORIDA INC
1 OLD FERRY ROAD AND MEIGS DR.
SHALIMAR, FL 325797795

FEI Number: 59-1156999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENGLERT, JOHN R
732 PROVIDENCE WAY
NICEVILLE, FL 32578 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: C () Delete
Name: BETHEA, MARK
Address: 174 COUNTRY CLUB ROAD
City-St-Zip: SHALIMAR, FL 32579 US

Title: T () Delete
Name: COLTON, ANGELA
Address: 21 PEBBLE BEACH DR
City-St-Zip: SHALIMAR, FL 32579 US

Title: F () Delete
Name: PARKER, BRANCE
Address: 890 THE MASTERS BLVD
City-St-Zip: SHALIMAR, FL 32579 US

Title: TR () Delete
Name: HUBBARD, MERRY
Address: 4 LAKESHORE DR.
City-St-Zip: SHALIMAR, FL 32579

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: SHEPERD, JON
Address: 105 PORT DRIVE
City-St-Zip: SHALIMAR, FL 32579 US

Title: T (X) Change () Addition
Name: AU, ARDIS
Address: 28 LAKE LORRAINE CIRCLE
City-St-Zip: SHALIMAR, FL 32579 US

Title: F (X) Change () Addition
Name: JACKSON, LEE
Address: 14 DORAL DRIVE
City-St-Zip: SHALIMAR, FL 32579 US

Title: TR (X) Change () Addition
Name: OLSON, MARVIN
Address: 21 DORAL DRIVE
City-St-Zip: SHALIMAR, FL 32579

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: JON SHEPERD

CC

01/07/2008

Electronic Signature of Signing Officer or Director

Date