

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720775

FILED
Jan 20, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

1 OLD FERRY ROAD AND MEIGS DRIVE
SHALIMAR, FL 325797795

Current Mailing Address:

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

New Mailing Address:

1 OLD FERRY ROAD
P.O. BOX 795
SHALIMAR, FL 325797795

FEI Number: 59-1156999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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: SHEPERD, JON
Address: 105 PORT DRIVE
City-St-Zip: SHALIMAR, FL 32579 US

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: F (X) Change () Addition
Name: CROSSON, DONNY
Address: 432 MARION DRIVE
City-St-Zip: NICEVILLE, FL 32578 US

Title: () Change () Addition
Name:
Address:
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: JOHN ENGLERT

ADM

01/20/2009

Electronic Signature of Signing Officer or Director

Date