2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# 723982

Entity Name: SANLANDO UNITED METHODIST CHURCH, INC

Current Principal Place of Business:

1890 W SR 434
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

1890 W SR 434
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 59-1716306 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PATTERSON, NELSE
208 HAZELTINE DRIVE
DEBARY, FL 32713 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:	T	( ) Delete
Name:	DOUBLE, ALBERT N	
Address:	207 LONESOME PINE DR	
City-St-Zip:	LONGWOOD, FL 32779 US	
Title:	CPD	( ) Delete
Name:	PATTERSON, NELSE	
Address:	208 HAZELTINE DRIVE	
City-St-Zip:	DEBARY, FL 32713 US	
Title:	VD	( ) Delete
Name:	MALM, WAYNE	
Address:	5311 LINWOOD CIRCLE	
City-St-Zip:	SANFORD, FL 32771	
Title:	D	( ) Delete
Name:	CANNON, WILMA	
Address:	432 INTERLACHEN CT	
City-St-Zip:	DEBARY, FL 32713	
Title:	D	( ) Delete
Name:	VANDERHEYDEN, MICHAEL	
Address:	104 HICKORY DRIVE	
City-St-Zip:	LONGWOOD, FL 32779	
Title:	D	( ) Delete
Name:	WRIGHT, JUDY	
Address:	111 HICKORY STICK CT	
City-St-Zip:	DEBARY, FL 32713	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: NELSE PATTERSON CPD 02/04/2009

Electronic Signature of Signing Officer or Director — Date