2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 08, 2009
Secretary of State

DOCUMENT# 730608

Entity Name: THE BOARD OF TRUSTEES OF THE FLORIDA ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

1140 EAST MCDONALD ST.
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

1140 EAST MCDONALD ST.
LAKELAND, FL 33801

New Mailing Address:

FEI Number: 59-0904361 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, MILTON E
1140 E. MCDONALD STREET
LAKELAND, FL 33801 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: PD ( ) Delete
Name: MCENTIRE, DAVID
Address: 4345 HALLAMVIEW LANE
City-St-Zip: LAKELAND, FL 33813

Title: VD ( ) Delete
Name: CANNON, JOHN
Address: 332 EUNICE AVENUE
City-St-Zip: LAKELAND, FL 33803

Title: T ( ) Delete
Name: WILSON, MILTON E
Address: 1140 E. MCDONALD ST.
City-St-Zip: LAKELAND, FL 33801

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MCENTIRE, DAVID
Address: 4345 HALLAMVIEW LANE
City-St-Zip: LAKELAND, FL 33813

Title: O (X) Change ( ) Addition
Name: LUTHER, JIM
Address: 8260 LANGSHIRE WAY
City-St-Zip: FORT MEYERS, FL 33912

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

Title: O ( ) Change (X) Addition
Name: DICK, SARGEANT
Address: 2020 BENFORD AVE
City-St-Zip: LAKELAND, FL 33803

Title: O ( ) Change (X) Addition
Name: JIM, MANUEL
Address: 608 S LAKE AVE
City-St-Zip: ORLANDO, FL 32801

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: MILTON WILSON T 07/08/2009

Electronic Signature of Signing Officer or Director — Date