

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732567

FILED
Mar 02, 2009
Secretary of State

Entity Name: MEMORIAL UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

601 CENTRE STREET
FERNANDINA BCH., FL 32034

New Principal Place of Business:

Current Mailing Address:

601 CENTRE STREET
FERNANDINA BCH., FL 32034

New Mailing Address:

FEI Number: 59-0949248

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POMEROY, MONICA L.
2636-A 1ST AVENUE
FERNANDINA BEACH, FL 32034 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: PCD () Delete
Name: TWIGGS, CHRISTOPHER Z
Address: 304 N. 5TH STREET
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: OM () Delete
Name: POMEROY, MONICA L
Address: 2636-A 1ST AVENUE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VD () Delete
Name: WOOD, MARSHALL E,
Address: 12 BELTED KINGFISHER
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: T () Delete
Name: HARRELL, PAUL
Address: 1544 BLUE HERON LANE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: T () Delete
Name: OPALINSKI, BRETT M
Address: 18 S 18TH ST
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: T () Delete
Name: BALL, KATHY
Address: 1781 HAMMOCK DR.
City-St-Zip: FERNANDINA BEACH, FL 32034

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: T (X) Change () Addition
Name: GALLIHER, WILLIS
Address: 1650 SOUTH FLETCHER
City-St-Zip: FERNANDINA BEACH, FL 32034

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: MONICA L. POMEROY

OM

03/02/2009

Electronic Signature of Signing Officer or Director

Date