

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90021 037 ****70.00

DOCUMENT # 732958

1. Entity Name
PALM HARBOR UNITED METHODIST CHURCH, INC.



Principal Place of Business
**1551 BELCHER ROAD
PALM HARBOR, FL 34683**

Mailing Address
**1551 BELCHER ROAD
PALM HARBOR, FL 34683**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02062008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-1689278

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GROSS, KAREN
354 SHEFFIELD CIRCLE
PALM HARBOR, FL 34683**

7. Name and Address of New Registered Agent

Name
Charles W. Brammer
Street Address (P.O. Box Number is Not Acceptable)

4990 Moore Street

City
Tarpon Springs

FL

Zip Code
34689

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Signature)
Signature typed or printed name of registered agent and title, if applicable.

Charles W. Brammer

2/8/2008

DATE

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **AGISOTELLIS, GEORGE**
STREET ADDRESS **1151 19TH STREET**
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE **VP** ☒ Delete
NAME **DANIEL, STEVE**
STREET ADDRESS **1695 CHAPLENE COURT**
CITY-ST-ZIP **DUNEDIN, FL 34698**

TITLE **P** ☒ Delete
NAME **GROSS, KAREN**
STREET ADDRESS **354 SHEFFIELD CIRCLW**
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE **D** ☒ Delete
NAME **DECKER, MARTY**
STREET ADDRESS **3100 1/2 S. CANAL DR**
CITY-ST-ZIP **PALM HARBOR, FL 34684**

TITLE **S** ☐ Delete
NAME **ASTLE, BETTY**
STREET ADDRESS **1611 SPARKLING COURT**
CITY-ST-ZIP **DUNEDIN, FL 34698**

TITLE **D** ☐ Delete
NAME **PROEFKE, BONNIE**
STREET ADDRESS **20 LAUREL OAK COURT**
CITY-ST-ZIP **PALM HARBOR, FL 34683**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Ottoson, Brian**
STREET ADDRESS **536 New York Ave**
CITY-ST-ZIP **Dunedin, FL 34698**

TITLE **P** ☐ Change ☒ Addition
NAME **Brammer, Charles W.**
STREET ADDRESS **4990 Moore Street**
CITY-ST-ZIP **Tarpon Springs, FL 34689**

TITLE **T** ☐ Change ☒ Addition
NAME **Hood, Robert**
STREET ADDRESS **8317 Fountain Ave**
CITY-ST-ZIP **Tampa, FL 33615**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VP** ☒ Change ☐ Addition
NAME **Proefke, Bonnie**
STREET ADDRESS **20 Laurel Oak Court**
CITY-ST-ZIP **Palm Harbor, FL 34683**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles W. Brammer

813-220-0096

2/8/2008

Daytime Phone #