## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 732958**

FILED Apr 23, 2009 Secretary of State

Entity Name: PALM HARBOR UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1551 BELCHER ROAD PALM HARBOR, FL 34683 **Current Mailing Address: New Mailing Address:** 1551 BELCHER ROAD PALM HARBOR, FL 34683 FEI Number: 59-1689278 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRAMMER, CHARLES W 4990 MOORE STREET TARPON SPRINGS, FL 34689 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition AGISOTELLIS, GEORGE OTTOSON, BRIAN Name: Name: 1151 19TH STREET Address: 536 NEW YORK AVENUE Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: DUNEDIN, FL 34698 Title: () Delete Title: (X) Change ( ) Addition BRAMMER, CHARLES Name: BRAMMER, CHARLES W Name: Address: 4990 MOORE STREET Address: 4990 MOORE STREET City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip: TARPON SPRINGS, FL 34689 Title: () Delete Title: (X) Change ( ) Addition HOOD, ROBERT REID, PEGGY Name: Name: 335 CROSSWINDS DRIVE Address: 8317 FOUNTAIN AVE Address: City-St-Zip: TAMPA, FL 33615 City-St-Zip: PALM HARBOR, FL 33683 Title: Title: D (X) Change ( ) Addition ( ) Delete Name: ASTLE, BETTY Name: HOOD, ROBERT 1611 SPARKLING COURT Address: Address: 8317 FOUNTAIN AVENUE City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: TAMPA, FL 33615 Title: () Delete Title: (X) Change ( ) Addition PROEFKE, BONNIE PROEFKE, BONNIE Name: Name: 20 LAUREL OAK COURT 20 LAUREL OAK COURT Address: Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: PALM HARBOR, FL 34683 Title: ( ) Delete Title: () Change () Addition KLIMA, JUDY Name: Name: Address: 417 CROSSWINDS DRIVE Address: PALM HARBOR, FL 34683 City-St-Zip: 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: CHARLES W. BRAMMER P 04/23/2009