

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 733480

FILED
Nov 13, 2008
Secretary of State

Entity Name: THE CARLSON MEMORIAL UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

310 CAMPBELL ST
LABELLE, FL 33935 US

New Principal Place of Business:

Current Mailing Address:

310 CAMPBELL ST
LABELLE, FL 33935 US

New Mailing Address:

FEI Number: 59-6137913 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BUNCH, ADAM
19650 MARSHALL FEILD RD SW
MOORE HAVEN, FL 33471 US

Name and Address of New Registered Agent:

PIERCE, MARTHA
6355 CR 78 W
ALVA, FL 33920 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: MARTHA PIERCE

11/13/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LYONS, DAVID
Address: 380 BELMONT ST
City-St-Zip: LABELLE, FL 33935

Title: V () Delete
Name: BUNCH, ADAM
Address: 19650 MARSHALL FIELD RD SW
City-St-Zip: MOORE HAVEN, FL 33471

Title: D () Delete
Name: VOJAK, AMBER
Address: 2164 C J LANE
City-St-Zip: LABELLE, FL 33935

Title: D () Delete
Name: CRAWFORD, DUANE
Address: 350 N HICKORY ST
City-St-Zip: LABELLE, FL 33935

Title: D () Delete
Name: SMALLEY, RONALD
Address: 3260 FT. DENAUD RD
City-St-Zip: LABELLE, FL 33935

Title: D (X) Delete
Name: PIERCE, MARTHA
Address: 6355 CR 78W
City-St-Zip: ALVA, FL 33920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LYONS, DAVID
Address: 380 BELMONT ST
City-St-Zip: LABELLE, FL 33935 US

Title: D (X) Change () Addition
Name: PIERCE, MARTHA
Address: 6355 CR 78 W
City-St-Zip: ALVA, FL 33920 US

Title: D (X) Change () Addition
Name: VOJAK, AMBER
Address: 2164 C J LANE
City-St-Zip: LABELLE, FL 33935 US

Title: D (X) Change () Addition
Name: CRAWFORD, DUANE
Address: 350 N HICKORY ST
City-St-Zip: LABELLE, FL 33935 US

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: MARTHA PIERCE

D

11/13/2008

Electronic Signature of Signing Officer or Director

Date