

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733480

FILED  
Feb 16, 2011  
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 ( )**

**Name and Address of Current Registered Agent:**

BAKER, ERIC  
1680 CALOOSA ESTATES LANE  
LA BELLE, FL 33935 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: D  
Name: LYONS, DAVID  
Address: 380 BELMONT ST  
City-St-Zip: LABELLE, FL 33935 US

Title: D  
Name: BAKER, ERIC  
Address: P. O. BOX 2589  
City-St-Zip: LA BELLE, FL 33975 US

Title: D  
Name: SALZMANN, FRANK  
Address: 2185 COUNTY ROAD 78  
City-St-Zip: LA BELLE, FL 33935 US

Title: D  
Name: CRAWFORD, DUANE  
Address: 222 MUSE AVENUE  
City-St-Zip: LA BELLE, FL 33935 US

Title: D  
Name: MACDONALD, DUNCAN  
Address: 1132 RIVERBEND DRIVE  
City-St-Zip: LA BELLE, FL 33935

Title: D  
Name: O'FERRELL, THOMAS  
Address: 190 WREN WAY  
City-St-Zip: LA BELLE, FL 33935

I hereby 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 all other like empowered.

SIGNATURE: ERIC BAKER

D

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date