2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# 734021

Entity Name: CHRIST UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

467 - 1ST AVE. NORTH
ST. PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

467 - 1ST AVE. NORTH
ST. PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 59-0637833 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHUH, DANIEL B.
248 MIRROR LAKE DR. N.
ST. PETERSBURG, FL 33701 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:	VD	( ) Delete
Name:	LEONARD, LUANNA	
Address:	592929 AVE N	
City-St-Zip:	SAINT PETERSBURG, FL 33710	
Title:	C	( ) Delete
Name:	FARBER, DAN	
Address:	7845-17 WAY N	
City-St-Zip:	SAINT PETERSBURG, FL 33702	
Title:	D	( ) Delete
Name:	BORTNER, FRANK	
Address:	2865-54 ST N	
City-St-Zip:	SAINT PETERSBURG, FL 33710	
Title:	SD	( ) Delete
Name:	RODOCKER, TRICIA	
Address:	8377 17TH ST N	
City-St-Zip:	SAINT PETERSBURG, FL 33702	
Title:	TD	( ) Delete
Name:	FRAZE, RICHARD	
Address:	8065-52ND LN N	
City-St-Zip:	PINELLAS PARK, FL 33781	
Title:	D	( ) Delete
Name:	EVANS, PATRICIA	
Address:	9305 41ST ST	
City-St-Zip:	PINELLAS PARK, FL 33782	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: RICHARD FRAZE TREA 04/20/2009

Electronic Signature of Signing Officer or Director — Date