

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734337

FILED
Jan 17, 2009
Secretary of State

Entity Name: ST. PAUL UNITED METHODIST CHURCH OF DEERFIELD BEACH, INC.

Current Principal Place of Business:

244 S.E. 2ND AVE.
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

Current Mailing Address:

244 S.E. 2ND AVE.
DEERFIELD BEACH, FL 33441

New Mailing Address:

FEI Number: 59-2435019 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MORELAND, JOHN L.
124 N W 15TH STREET
POMPANO BEACH, FL 33060 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: S () Delete
Name: POITIER, SYLVIA
Address: 283 SW 1ST TERR
City-St-Zip: DEERFIELD BCH, FL 33441

Title: T () Delete
Name: MORELAND, JOHN
Address: 124 N W 15TH ST
City-St-Zip: POMPANO BEACH, FL 33060

Title: P () Delete
Name: LAWSON, CAROLYN
Address: 365 N W 3RD ST
City-St-Zip: DEERFIELD BCH, FL 33441

Title: V () Delete
Name: MELTON, ROMALIEE
Address: 1350 S W 5TH AVE
City-St-Zip: DEERFIELD BCH, FL 33441

Title: D () Delete
Name: DIXON, W A REV
Address: 244 S E 2ND AVE
City-St-Zip: DEERFIELD BCH, FL 33441

Title: D () Delete
Name: OATTS, JACQUELINE
Address: 1340 S W 5TH AVE
City-St-Zip: DEERFIELD BEACH, FL 33441

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: CAROLYN LAWSON

P

01/17/2009

Electronic Signature of Signing Officer or Director

Date