2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#735143

City-St-Zip:

NEW SMYRNA BEACH, FL 32170

FILED Apr 14, 2009 Secretary of State

Entity Name: CORONADO COMMUNITY UNITED METHODIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 201 S PENINSULA AVE NEW SMYRNA BEACH, FL 321692693 **Current Mailing Address: New Mailing Address:** 201 S PENINSULA AVE NEW SMYRNA BEACH, FL 321692693 FEI Number: 59-1168971 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BROWN, ROBERT C BROWN, ROBERT C REV. 201 S PENINSULA AVE 201 S PENINSULA AVE NEW SMYRNA BEACH, FL 32169 NEW SMYRNA BEACH, FL 32169 US 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: ROBERT C. BROWN 04/14/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition CORY, JEFF PERRY, MARY Name: Name: 1342 TUMBLIN DR Address: 802 E. 22ND AVENUE Address: City-St-Zip: NEW SMYRNA BEACH, FL 32169 City-St-Zip: NEW SMYRNA BEACH, FL 32169 Title: () Delete Title: () Change () Addition MASTRULLO, TONY Name: Name: Address: 1093 RED MAPLE WAY Address: City-St-Zip: NEW SMYRNA BCH, FL 32168 City-St-Zip: Title: () Delete Title: () Change () Addition BEEMAN, DAWN Name: Name: 2007 SAXON DRIVW Address: Address: City-St-Zip: NEW SMYRNA BEACH, FL 32169 City-St-Zip: Title: () Delete Title: () Change () Addition WILKINSON, WAYNE Name: Name: Address: P.O. BOX 2902 Address:

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.

City-St-Zip:

SIGNATURE: MARY T. PERRY PRES 04/14/2009