2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# 735596

Entity Name: MIMS UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

3302 GREEN ST.
MIMS, FL 32754

New Principal Place of Business:

Current Mailing Address:

3302 GREEN ST.
MIMS, FL 32754

New Mailing Address:

FEI Number: 59-2354758 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NICKOLENKO, PETER
4915 WINCHESTER DRIVE
TITUSVILLE, FL 32780 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 ( ) Delete
Name: TOUCHTON, BILL
Address: 3475 TRACY COURT
City-St-Zip: MIMS, FL 32754

Title: D ( ) Delete
Name: HIGGINS, JOHN
Address: 3849 ARLINGTON AVE
City-St-Zip: MIMS, FL 32754

Title: D ( ) Delete
Name: GORDON, RUSSELL
Address: 3465 W. MAIN ST.
City-St-Zip: MIMS, FL 32754

Title: D ( ) Delete
Name: MARR, JOHN
Address: 3530 GRANTLINE
City-St-Zip: MIMS, FL 32754

Title: D ( ) Delete
Name: WORTHINGTON, DONALD
Address: 2930 BEALE ST.
City-St-Zip: TITUSVILLE, FL 32796

Title: D ( ) Delete
Name: EIDE, CARY
Address: 3755 MAEBERT RD.
City-St-Zip: MIMS, FL 32754

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: D (X) Change ( ) Addition
Name: RUTH, RENNINGER
Address: 4015 GRANTLINE RD
City-St-Zip: MIMS, FL 32754

Title: D (X) Change ( ) Addition
Name: DALE, HOLLAND
Address: 535 WILLOWGREEN LN.
City-St-Zip: TITUSVILLE, FL 32796

Title: D (X) Change ( ) Addition
Name: KAITLYN, GRIFFIS
Address: 3467 W. MAIN ST
City-St-Zip: MIMS, FL 32754

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: PETER NICKOLENKO D 01/15/2009

Electronic Signature of Signing Officer or Director — Date