

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 14, 2009  
Secretary of State**

DOCUMENT# 735793

Entity Name: CUTLER RIDGE UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business:**

20740 OLD CUTLER ROAD  
MIAMI, FL 33189

**New Principal Place of Business:**

**Current Mailing Address:**

20740 OLD CUTLER ROAD  
MIAMI, FL 33189

**New Mailing Address:**

FEI Number: 59-1718950      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WRIGHT, SAMUEL L.  
20740 OLD CUTLER ROAD  
MIAMI, FL 33189      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: TR      ( ) Delete  
Name: TUNKS, DONNA  
Address: 18710 SW 99 ROAD  
City-St-Zip: MIAMI, FL 33157

Title: TR      ( ) Delete  
Name: TIMMONS, CAROL  
Address: 21333 SW 94 COURT  
City-St-Zip: MIAMI, FL 33189

Title: TR      ( ) Delete  
Name: FIKE, ERNIE  
Address: 18515 SW 90TH COURT  
City-St-Zip: MIAMI, FL 33157

Title: TR      ( ) Delete  
Name: COURTRIGHT, MARGARET  
Address: 9510 MONTEGO BAY DRIVE  
City-St-Zip: MIAMI, FL 33189

Title: TR      ( ) Delete  
Name: BIGENHO, MIRIAM  
Address: 21121 SW 85 AVE. APT. 409  
City-St-Zip: MIAMI, FL 33189

Title: P      ( ) Delete  
Name: WRIGHT, SAMUEL L  
Address: 19821 SW 81ST COURT  
City-St-Zip: MIAMI, FL 33189

**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: SAMUEL L. WRIGHT

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

DR.

01/14/2009

\_\_\_\_\_  
Date