## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#736446**

FILED Apr 29, 2009 Secretary of State

Entity Name: PERRINE-PETERS UNITED METHODIST CHURCH, INC

**Current Principal Place of Business:** 

**New Principal Place of Business:** 

18301 SOUTH DIXIE HIGHWAY MIAMI, FL 331575526

**Current Mailing Address:** 

**New Mailing Address:** 

18301 SOUTH DIXIE HIGHWAY MIAMI, FL 331575526

FEI Number: 59-0968059

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:

FORD, BRUCE E 18700 SW 84 AVE MIAMI, FL 33157 US JOHNSON, ROBERT A 8465 SW 185 STREET MIAMI, FL 33157

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 JOHNSON

04/29/2009

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

SEC () Delete BOGER, ROBERT Name: 9231 SW 192 DRIVE Address: City-St-Zip:

MIAMI, FL 33157

Title: CT ( ) Delete FORD, BRUCE E Name: Address: 18700 SW 84 AVE City-St-Zip: MIAMI, FL 33157

Title: VCT () Delete ROBERT, JOHNSON Name: Address: 8465 SW 185 STREET City-St-Zip: MIAMI, FL 33157

Address: 9960 BROAD CHANNEL DRIVE

Name:

MIAMI, FL 33157

City-St-Zip:

Title: (X) Change ( ) Addition

DAMMANN, JACKIE

JOHNSON, ROBERT A Name: Address: 8465 SW 185 STREET City-St-Zip: MIAMI, FL 33157

Title: VCT (X) Change ( ) Addition

Name: LAMNECK, AMY 9760 SW 182 STREET Address: City-St-Zip: MIAMI, FL 33157

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: ROBERT JOHNSON CT 04/29/2009