2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# 737166

Entity Name: DAVIE UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

6500 S.W. 47TH STREET
DAVIE, FL 333144305

New Principal Place of Business:

Current Mailing Address:

6500 S.W. 47TH STREET
DAVIE, FL 333144305

New Mailing Address:

FEI Number: 59-6057117 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LAITE, MYRIC W REV
6500 SW 47TH ST
DAVIE, FL 33024 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: ST ( ) Delete
Name: VON WALDBURG, JANE
Address: 4047 NW 16ST APT 401
City-St-Zip: FORT LAUDERDALE, FL 33313

Title: PD ( ) Delete
Name: GILMORE, GEORGE
Address: 7441 SW 42 PL
City-St-Zip: DAVIE, FL 33314

Title: VT ( ) Delete
Name: ANNIN, JIM
Address: 15280 SW 31 CT
City-St-Zip: DAVIE, FL 33331

Title: T ( ) Delete
Name: SCHROEDER, LESLIE
Address: 5877 SW 54 COURT
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change ( ) Addition
Name: GREEN, MICHAEL C
Address: 6500 SW 47 STREET
City-St-Zip: DAVIE, FL 33314

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VT (X) Change ( ) Addition
Name: ANNIN, JAMES
Address: 15280 SW 31 CT
City-St-Zip: DAVIE, FL 33331

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: ANN PHARRIS AA 01/07/2008

Electronic Signature of Signing Officer or Director — Date