


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90012 002 ****61.25

DOCUMENT # 737749 1. Entity Name ALTOONA UNITED METHODIST CHURCH, INC.					
Principal Place of Business HWY 19 NORTH 42631 PO BOX 114 ALTOONA, FL 32702-0114 US			Mailing Address HWY 19 NORTH 42631 PO BOX 114 ALTOONA, FL 32702-0114 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02122008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2340905				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
EDWARDS, WALTER D 1179 SE 170TH COURT SILVER SPRINGS, FL 34488			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Walter D. Edwards</u> 4/20/2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAHOLM, JOE 29760 S.E. 150TH STREET ALTOONA, FL 32702	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JEFF LADD 98 TWIN LAKES CIR. UMATILLA FL 32784	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROGERS, JAMES 20407 WOOD DUCK ROAD ALTOONA, FL 32702	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRANDY DURHAM 21990 SE 147th PLCE. UMATILLA FL 32784	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONALD, NEIL D 28130 SE 175TH ST UMATILLA, FL 32784	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FAYE HESSELL PO BOX 114 ALTOONA FL 32702	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON, JAMES L SR 37039 PINE MENDOWS LANE UMATILLA, FL 32784	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHIRLEY FERGUSON	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON, SHIRLEY 28998 SE 175TH ST UMATILLA, FL 32784	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RICK MAGNUS PO BOX 998 ALTOONA FL 32702	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <u>Shirley Ferguson</u> 4/20/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					