

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737749

FILED
Jan 12, 2009
Secretary of State

Entity Name: ALTOONA UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

HWY 19 NORTH 42631
PO BOX 114
ALTOONA, FL 327020114 US

New Principal Place of Business:

ALTOONA UNITED METHODIST CHURCH
HWY. 19 ALTOONA
ALTOONA, FL 327020114 US

Current Mailing Address:

HWY 19 NORTH 42631
PO BOX 114
ALTOONA, FL 327020114 US

New Mailing Address:

FEI Number: 59-2340905 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARDS, WALTER D
1179 SE 170TH COURT
SILVER SPRINGS, FL 34488 US

Name and Address of New Registered Agent:

KENNEDY, WILLIAM D
9684 SW 90 ST.
OCALA, FL 34481 US

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: WILLIAM D. KENNEDY

01/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LADD, JEFF
Address: 98 TWEEN LAKES CIR.
City-St-Zip: UMATILLA, FL 32784

Title: T () Delete
Name: DURHAM, BRANDY
Address: 21990 SE 147TH PLACE
City-St-Zip: UMATILLA, FL 32784

Title: D () Delete
Name: HESSELL, FAYE
Address: PO BOX 114
City-St-Zip: ALTOONA, FL 32702

Title: D () Delete
Name: FERGUSON, SHIRLEY
Address: 28998 SE 175TH ST
City-St-Zip: UMATILLA, FL 32784

Title: D () Delete
Name: MAGNUS, RICK
Address: PO BOX 998
City-St-Zip: ALTOONA, FL 32702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: HESSELL, FAYE
Address: 47812 W. DEER CROSSING RD.
City-St-Zip: ALTOONA, FL 32702

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: JEFF LADD

D

01/12/2009

Electronic Signature of Signing Officer or Director

Date