

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737749

FILED
Feb 07, 2012
Secretary of State

Entity Name: ALTOONA UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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:

THOMAS, CAROLYN J
42631 SR 19
ALTOONA, FL 32702 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: REV.
Name: THOMAS, CAROLYN J
Address: 12652 SE 90TH TERRACE
City-St-Zip: SUMMERFIELD, FL 34491

Title: MR.
Name: GIBSON, JIM
Address: 37039 PINE MEADOWS LANE
City-St-Zip: UMATILLA, FL 32784

Title: MRS.
Name: MULREY, ANN
Address: 26301 SE HWY 42
City-St-Zip: UMATILLA, FL 32784

Title: MR.
Name: BAIRD, ROBERT
Address: 39076 ROSE STREET
City-St-Zip: UMATILLA, FL 32784

Title: MRS.
Name: HUDISH, BETTY
Address: 25965 SE 189 STREET
City-St-Zip: UMATILLA, FL 32784

Title: MRS.
Name: HOLLIFELDER, DIANA
Address: 29248 SE HWY 42
City-St-Zip: UMATILLA, FL 32784

I hereby 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 all other like empowered.

SIGNATURE: CAROLYN J THOMAS

REV.

02/07/2012

Electronic Signature of Signing Officer or Director

Date