

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2008
Secretary of State

DOCUMENT# 737811

Entity Name: THE FLORIDA CONFERENCE UNITED METHODIST CHURCH COMMITTEE ON NEW CHURCH DEVELOPMENT, INC.

Current Principal Place of Business:

1140 E. MCDONALD ST
LAKELAND, FL 33801 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3767
LAKELAND, FL 33802 US

New Mailing Address:

FEI Number: 59-0904361 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNCAN, MONTFORT C DR.
1140 E. MCDONALD ST
LAKELAND, FL 33801 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: C () Delete
Name: ELYEA, DAVE
Address: 5668 FREEPORT DR
City-St-Zip: TAVARES, FL 32778

Title: V () Delete
Name: QUINONES, JOSE
Address: 8045 SW 107TH AVE #224
City-St-Zip: MIAMI, FL 33173

Title: ST () Delete
Name: BLEDSOE, THOMAS
Address: 2907 LOLISSA LANE
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: DREISER, KIRK
Address: 408 LIMONA RD
City-St-Zip: BRANDON, FL 33510

Title: D () Delete
Name: MARTIN, BOB
Address: 305 S ORANGE BLVD
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: QUINONES, JOSE
Address: 7360 NW 114 AVE, APT 201
City-St-Zip: DORAL, FL 33178

Title: ST (X) Change () Addition
Name: BLEDSOE, THOMAS
Address: 2907 LOLISSA LANE
City-St-Zip: WINTER PARK, FL 32789

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

Title: D (X) Change () Addition
Name: MARTIN, BOB
Address: 2801 E LAKE RD
City-St-Zip: PALM HARBOR, FL 34685

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: DR. MONTFORT C DUNCAN JR

RA

03/25/2008

Electronic Signature of Signing Officer or Director

_____ Date