

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741083

FILED
Jan 22, 2009
Secretary of State

Entity Name: ENGLEWOOD UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

700 E DEARBORN ST
ENGLEWOOD, FL 34223 US

New Principal Place of Business:

Current Mailing Address:

170 W DEARBORN ST
ENGLEWOOD, FL 34223 US

New Mailing Address:

FEI Number: 59-1461291 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNKIN, DAVID A.
150 W. DEARBORN
ENGLEWOOD, FL 34223 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: PTR () Delete
Name: MANGUSE, PETER
Address: 650 SUNCREST LN
City-St-Zip: ENGLEWOOD, FL 34223

Title: TR () Delete
Name: KING, KAREN
Address: 2855 N BEACH RD
City-St-Zip: ENGLEWOOD, FL 34223

Title: TR () Delete
Name: EBERSOLDT, NEIL
Address: 5124 PINE SHADOW LANE
City-St-Zip: NORTH PORT, FL 34287 US

Title: STR () Delete
Name: HARRISON, BETH
Address: 386 FIRETHORN AVE.
City-St-Zip: ENGLEWOOD, FL 34224

Title: TR () Delete
Name: BASCH, DIANE
Address: 1525 GULF BLVD
City-St-Zip: ENGLEWOOD, FL 34223

Title: TR () Delete
Name: RAINEY, DAN
Address: 8472 KNIGHT DRIVE
City-St-Zip: ENGLEWOOD, FL 34224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: VP (X) Change () Addition
Name: GUILLERM, KEN
Address: 58 BUNKER COURT
City-St-Zip: ROTONDA WEST, FL 33947

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: PETER MANGUSE

Electronic Signature of Signing Officer or Director

PTR

01/22/2009

_____ Date