


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-23-2008 90039 022 ****61.25

DOCUMENT # 743294 1. Entity Name SYLVAN ABBEY UNITED METHODIST CHURCH, INC.		
Principal Place of Business 2817 SUNSET POINT RD. CLEARWATER, FL 33759 US	Mailing Address 2817 SUNSET POINT RD. CLEARWATER, FL 33759 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KESSNER, DELORES 2417 PERSIAN DR #27 CLEARWATER, FL 33763		DO NOT WRITE IN THIS SPACE
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: <i>DeLores Kessner</i> 4/1/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KESSNER, DELORES 2417 PERSIAN DR #27 CLEARWATER, FL 33763	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUDBURY, ED 2815 COUNTRYBROOK DRIVE # 16 PALM HARBOR, FL 34684	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>KT</i> MEANS, KARL 1275 TEAHOUSE DR. CLEARWATER, FL 33764	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR VINSON, SAM 1824 CARDINAL DR CLEARWATER, FL 33759	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARE, VIVIAN 2320 BRISBANE ST, # 8 CLEARWATER, FL 33763	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> OLSON, GINGER 1405 AMBLE LANE CLEARWATER, FL 33785	
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: <i>DeLores Kessner</i> 4/1/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



03122008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2339636	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

Daytime Phone #