2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#744730

FILED Jan 21, 2008 Secretary of State

Entity Name: DESTIN UNITED METHODIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 200 BEACH DRIVE P. O. BOX 39 DESTIN, FL 32540 **Current Mailing Address: New Mailing Address:** 200 BEACH DRIVE P. O. BOX 39 DESTIN, FL 32540 FEI Number: 59-1482866 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHARRON, THOMAS H 727 VINTAGE CIR. DESTIN, FL 32541 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete CHENEY, MICHAEL BROGDEN, PHILLIP Name: Name: 4065 INDIAN BAYOU N. Address: 708 SWAN LANE Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: DESTIN, FL 32541 Title: () Delete Title: (X) Change () Addition DOKKEN, DAVID Name: DOKKEN, DAVID Name: Address: 431 CAPTAINS CIR. Address: 431 CAPTAINS CIR. City-St-Zip: DESTIN, FL 32541 City-St-Zip: DESTIN, FL 32541 Title: () Delete Title: (X) Change () Addition CHRISTENSEN, RICHARD WASSON, CHIP Name: Name: 770 GULF SHORE DR. UNIT 803 158 INDIAN BAYOU DR Address: Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: DESTIN, FL 32541 Title: () Delete Title: () Change () Addition STANLEY, JAMES Name: Name: 1100 HWY 98N E UNIT A701 Address: Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: Title: () Delete Title: (X) Change () Addition TUMS, DARLENE HENSLEY, TERRI Name: Name: 4061 INDIAN BAYOU N 4391 OLD BAYOU TRAIL Address: Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: DESTIN, FL 32541 Title: () Delete Title: () Change () Addition SHARRON, THOMAS H Name: Name: Address: 727 VINTAGE CIRL. Address: DESTIN, FL 32541 City-St-Zip: 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: THOMAS H. SHARRON M 01/21/2008