

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744730

FILED
Apr 15, 2009
Secretary of State

Entity Name: DESTIN UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

200 BEACH DRIVE
P. O. BOX 39
DESTIN, FL 32540

New Principal Place of Business:

Current Mailing Address:

200 BEACH DRIVE
P. O. BOX 39
DESTIN, FL 32540

New Mailing Address:

FEI Number: 59-1482866

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHARRON, THOMAS H
727 VINTAGE CIR.
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

SHARRON, THOMAS H
2615 COVE ROAD
NAVARRE, FL 32566 US

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:

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BROGDEN, PHILLIP
Address: 708 SWAN LANE
City-St-Zip: DESTIN, FL 32541

Title: TP () Delete
Name: DOKKEN, DAVID
Address: 431 CAPTAINS CIR.
City-St-Zip: DESTIN, FL 32541

Title: T () Delete
Name: WASSON, CHIP
Address: 158 INDIAN BAYOU DR
City-St-Zip: DESTIN, FL 32541

Title: T () Delete
Name: STANLEY, JAMES
Address: 1100 HWY 98N E UNIT A701
City-St-Zip: DESTIN, FL 32541

Title: T () Delete
Name: HENSLEY, TERRI
Address: 4391 OLD BAYOU TRAIL
City-St-Zip: DESTIN, FL 32541

Title: M () Delete
Name: SHARRON, THOMAS H
Address: 727 VINTAGE CIR.
City-St-Zip: DESTIN, FL 32541

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

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

Title: M (X) Change () Addition
Name: SHARRON, THOMAS H
Address: 2615 COVE ROAD
City-St-Zip: NAVARRE, FL 32566

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

EP

04/15/2009

Electronic Signature of Signing Officer or Director

Date