

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745562

FILED
Jan 19, 2009
Secretary of State

Entity Name: THE SOUTH ATLANTIC CONFERENCE OF THE FREE METHODIST CHURCH OF NORTH AMERICA, INC.

Current Principal Place of Business:

5421 SHARON TRAIL
LAKELAND, FL 33810 US

New Principal Place of Business:

Current Mailing Address:

5421 SHARON TRAIL
LAKELAND, FL 33810 US

New Mailing Address:

FEI Number: 59-6511994 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LEHMAN, MARJORIE B
5421 SHARON TRAIL
LAKELAND, FL 33810 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: T () Delete
Name: LEHMAN, MARJORIE B
Address: 5421 SHARON TR
City-St-Zip: LAKELAND, FL 33810 US

Title: P () Delete
Name: RILEY, DARREL
Address: 4842 WALNUT RIDGE DR.
City-St-Zip: ORLANDO, FL 32829 US

Title: D () Delete
Name: WILKINS, STEVEN
Address: 5401 BETHANY WAY #23
City-St-Zip: LAKELAND, FL 33810 US

Title: S () Delete
Name: PANNELL, DONNA
Address: 6101 N. ARMANIA AVE.
City-St-Zip: TAMPA, FL 33604 US

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:

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: MARJORIE B. LEHMAN

T

01/19/2009

Electronic Signature of Signing Officer or Director

Date