

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747154

FILED
Apr 16, 2009
Secretary of State

Entity Name: ANTHONY UNITED METHODIST FOUNDATION, INC.

Current Principal Place of Business:

2396 NE 97TH PLACE
ANTHONY, FL 32617

New Principal Place of Business:

2396 NE 97TH STREET ROAD
ANTHONY, FL 32617

Current Mailing Address:

PO BOX 96
ANTHONY, FL 32617

New Mailing Address:

FEI Number: 59-1930281 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TRIPLETT, JAMES
4655 NE 23RD COURT
OCALA, FL 34479 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: PD () Delete
Name: TRIPLETT, JAMES
Address: 4655 NE 23RD CT
City-St-Zip: OCALA, FL 34479

Title: VD () Delete
Name: PRATT, JAMES
Address: 1 CHERRY DRIVE COURT
City-St-Zip: OCALA, FL 34472

Title: TD () Delete
Name: CYR, JEANETTE
Address: POB 361 10300 NE JACKSONVILLE RD.
City-St-Zip: ANTHONY, FL 00000, 32617

Title: SD () Delete
Name: SOGAN, EARLA
Address: P.O. BOX 1440, 13650 NE 110 ST
City-St-Zip: FORT MC COY, FL 32134

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: CYR, JEANETTE
Address: 309 NE 100TH STREET
City-St-Zip: OCALA, FL 34479

Title: SD (X) Change () Addition
Name: SOGAN, EARLA
Address: 13650 NE 110 ST
City-St-Zip: FORT MC COY, FL 32134

Title: D () Change (X) Addition
Name: SHORT, BOOKER
Address: 4335 NE 21ST STREET
City-St-Zip: OCALA, FL 34470

Title: D () Change (X) Addition
Name: WILLIAMS, GENE
Address: 9980 NE 23RD CT
City-St-Zip: ANTHONY, FL 32617

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: JEANETTE M CYR

TREA

04/16/2009

Electronic Signature of Signing Officer or Director

Date