

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749037

FILED
Jan 20, 2009
Secretary of State

Entity Name: FOREST HILLS UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

31350 CR 42
DELAND, FL 32720 US

New Principal Place of Business:

Current Mailing Address:

31350 CR 42
DELAND, FL 32720 US

New Mailing Address:

FEI Number: 59-0217165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BYRD, EDD
43113 BEAR LAKE BLVD
DELAND, FL 32720 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: D () Delete
Name: FRANKLIN, DENNIS
Address: 43941 GRACE AVE
City-St-Zip: DELAND, FL 32720

Title: DC () Delete
Name: BYRD, EDD
Address: 43113 BEAR LAKE BLVD
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: ACKOSON, JIM
Address: 40824 COUNTY ROAD
City-St-Zip: EUTIS, FL 32730

Title: D () Delete
Name: HOSSPAVIR, WINIFRED
Address: 42317 FONSECA LANE
City-St-Zip: DELAND, FL 32720

Title: T () Delete
Name: BYRD, NELLIE
Address: 43113 BEAR LAKE BLVD
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: GAYLORD, ALAN
Address: 849 PLEASANT ST
City-St-Zip: LAKE HELEN, FL 32744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: ACKERSON, JIM
Address: 40824 COUNTY ROAD
City-St-Zip: EUTIS, FL 32730

Title: D (X) Change () Addition
Name: HOFFPAUIR, WINIFRED
Address: 42317 FONSECA LANE
City-St-Zip: DELAND, FL 32720

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

Title: D (X) Change () Addition
Name: GAYLORD, ALAN I REV
Address: 849 PLEASANT ST
City-St-Zip: LAKE HELEN, FL 32744

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: ALAN I GAYLORD

REV

01/20/2009

Electronic Signature of Signing Officer or Director

Date