


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 10, 2008 8:00 am**  
**Secretary of State**

06-10-2008 90002 044 \*\*\*\*61.25

<b>DOCUMENT # 757670</b> 1. Entity Name <b>TUSKAWILLA UNITED METHODIST CHURCH, INC.</b>					
Principal Place of Business <b>3925 RED BUG LAKE ROAD CASSELBERRY, FL 32707</b>			Mailing Address <b>3925 RED BUG LAKE ROAD CASSELBERRY, FL 32707</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip		Country		4. FEI Number <b>NOT APPLICABLE</b>	
Applied For <b>NOT APPLICABLE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CHRIS BOGDAN 132 BUCK COURT CASSELBERRY, FL 32707</b>			<b>Donald Childs 570 Kentia Road Casselberry, FL 32707</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Donald Childs</i>		DATE <b>6-04-08</b>			
Filing Fee is <b>\$61.25</b> Due by <b>September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
<b>T ZIMMERMAN, TODD 691 BENITAWOOD CT. WINTER SPRINGS, FL 32708</b>		<input checked="" type="checkbox"/> Delete			
<b>T GORMAN, WILLIAM 1498 WAUKON CIRCLE CASSELBERRY, FL 32707</b>		<input type="checkbox"/> Delete			
<b>C BOGDAN, CHRIS 132 BUCK COURT CASSELBERRY, FL 32707</b>		<input checked="" type="checkbox"/> Delete			
<b>T O'REILLY, LINDA 2283 WESTMINSTER TERR OVIEDO, FL 32765</b>		<input type="checkbox"/> Delete			
<b>T Donald Childs 570 Kentia Road Casselberry, FL 32707</b>		<input type="checkbox"/> Delete			
<b>Trustee Kitsy Lucanegro 907 Willow Run Lane Winter Springs, FL 32708</b>		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Donald Childs</i>		DATE <b>6-04-08</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <b>407-619-7736</b>			