2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#762788

FILED Feb 04, 2009 Secretary of State

Entity Name: MARINER UNITED METHODIST CHURCH, INC.

	Tillcipal Flace	of Business:	New Prince	cipal Place of Business:
	RINER BLVD. HILL, FL 34609			
Current N	/lailing Address	s:	New Maili	ing Address:
	RINER BLVD. HILL, FL 34609			
FEI Number	r: 59-2064456	FEI Number Applied For ()	FEI Number Not App	Dlicable () Certificate of Status Desired (X)
Name and	d Address of C	urrent Registered Agent:	Name and	d Address of New Registered Agent:
	IN REV. DOVER BLVD HILL, FL 34609	US		
	e named entity s e of Florida.	ubmits this statement for the p	urpose of changing i	its registered office or registered agent, or both
SIGNATU	RE:			
	Electroni	c Signature of Registered Age	nt	Date
OFFICER	S AND DIRECT	ORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTO
Fitle: Name: Address: City-St-Zip:	D () PAYNE, ANN 13196 DELBART SPRING HILL, F		Title: Name: Address:	()Change ()Addition
	O		City-St-Zip:	
Fitle: Name: Address: City-St-Zip:		Delete -	Title: Name: Address: City-St-Zip:	D (X) Change () Addition ALEXANDER, GRAYSON 5382 LYDIA COURT SPRING HILL, FL 34608
√ame: √ddress:	D () SIPPS, BEN 9037 BYRON ST SPRING HILL, F	Delete - L 34606 Delete ERT D HILLS CT	Title: Name: Address:	ALEXANDER, GRAYSON 5382 LYDIA COURT
Name: Address: City-St-Zip: Fitle: Name: Address:	D () SIPPS, BEN 9037 BYRON ST SPRING HILL, F SD () BECKNER, ROB 2141 OAKWOOI SPRING HILL, F	Delete L 34606 Delete ERT D HILLS CT L 34606 Delete ED	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	ALEXANDER, GRAYSON 5382 LYDIA COURT SPRING HILL, FL 34608
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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: JAMES E BOARDMAN CD 02/04/2009