

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762834

FILED  
Jan 21, 2009  
Secretary of State

**Entity Name:** BROADWAY UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business:**

406 E AMELIA ST  
ORLANDO, FL 328035316 US

**New Principal Place of Business:**

**Current Mailing Address:**

406 E AMELIA ST  
ORLANDO, FL 328035316 US

**New Mailing Address:**

**FEI Number:** 59-0637818

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAVIS, CHARLES  
406 E AMELIA ST  
ORLANDO, FL 32803 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: HESTER, PEGGY  
Address: 325 BRIARWOOD DR  
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete  
Name: DAVIS, CHARLES  
Address: 3223 MILTON LANE  
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete  
Name: HUEBNER, JACK  
Address: 7225 LAKE DR  
City-St-Zip: ORLANDO, FL 32809

Title: D ( ) Delete  
Name: MULBERRY, VAL  
Address: 226 W. KING STREET  
City-St-Zip: ORLANDO, FL 32804

Title: T ( ) Delete  
Name: SNIPES, R.T.  
Address: 1263 NOTTINGHAM ST  
City-St-Zip: ORLANDO, FL 32803

**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: D (X) Change ( ) Addition  
Name: MOBLEY, VAL  
Address: 226 W. KING STREET  
City-St-Zip: ORLANDO, FL 32804

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: CHARLES DAVIS

DIRE

01/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date