

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764150

FILED  
Jan 06, 2009  
Secretary of State

**Entity Name:** ST. AUGUSTINE SHORES UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business:**

724 SHORES BLVD.  
ST. AUGUSTINE, FL 32086 US

**New Principal Place of Business:**

**Current Mailing Address:**

724 SHORES BLVD.  
ST. AUGUSTINE, FL 32086 US

**New Mailing Address:**

**FEI Number:** 59-2291118      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

CULLENS, TOM  
724 SHORES BLVD.  
ST. AUGUSTINE, FL 32086 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: M ( ) Delete  
Name: CULLENS, TOM  
Address: 724 SHORES BLVD  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D ( ) Delete  
Name: MCDONALD, JIM  
Address: 727 CAMELIA TRL  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D ( ) Delete  
Name: SMORK, DEBORAH  
Address: 4628 COQUINA CROSSING  
City-St-Zip: ELKTON, FL 32033

Title: S ( ) Delete  
Name: CASSFORD, JANET  
Address: 381 TRAVINO AVE.  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D ( ) Delete  
Name: GRIFFIN, TERESA  
Address: 7561 A1A S  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: T ( ) Delete  
Name: PLOTS, ALAN  
Address: 552 BOX WOOD PL  
City-St-Zip: SAINT AUGUSTINE, FL 32086

**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: SMOAK, DEBORAH  
Address: 4628 COQUINA CROSSING  
City-St-Zip: ELKTON, FL 32033

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

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

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: TOM CULLENS

RA

01/06/2009

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

\_\_\_\_\_  
Date