

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764150

FILED
Jan 10, 2011
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
Name: CULLENS, TOM
Address: 724 SHORES BLVD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D
Name: KELLEHER, DALE
Address: 1406 CARNOUSTIE COURT
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D
Name: BOREN, MARILYN
Address: 478 LINDA COURT
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: S
Name: DON, GRAY
Address: 112 JUPITER ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D
Name: JIM, MCDONALD
Address: 727 CAMELIA TRAIL
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: T
Name: MILROY, GEORGE
Address: 4916 LOS ALTOS CIRCLE
City-St-Zip: ELKTON, FL 32033

I hereby 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 all other like empowered.

SIGNATURE: TOM CULLENS

M

01/10/2011

Electronic Signature of Signing Officer or Director

Date