



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90141 010 ****61.25

DOCUMENT # 764549					
1. Entity Name DINKINS NEW CONGREGATIONAL METHODIST CHURCH, INC.					
Principal Place of Business 13602 C.R. 127 SANDERSON, FL 32087 US			Mailing Address 10150 BERTIE DAVIS CIRCLE SANDERSON, FL 32087 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 14997 Shumate Lane			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04232008 Chg-NP CR2E037 (12/06)	
City & State		City & State SANDERSON FL		4. FEI Number 59-2284837	
Zip		Country 32087 BAKER		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KIRKLAND, GRANVEL S. 5 MACCLENNY AVENUE MACCLENNY, FL 32063			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME TERRELL, ERNEST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 13464 E TALL PINE RD	MACCLENNY, FL 32063		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE SD	NAME CREWS, KIMBERLY	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 11724 COUNTY RD 229 N	SANDERSON, FL 32087		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE SD	NAME FLANDERS, AMY	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS PO BOX 145	OLUSTEE, FL 32072		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE STD	NAME SHUMATE, PEARL D.	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 10158 BERTIE DAVIS CIRCLE	SANDERSON, FL 32087		STREET ADDRESS	STD ROWE, JANET M. 14997 Shumate Lane SANDERSON FL 32087	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE D	NAME ALFORD, WAYNE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS PO BOX 415	SANDERSON, FL 32087		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE SD	NAME POOLE, BRIAN	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 13366 E. TALL PINE RD	MACCLENNY, FL 32087		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Janet M. Rowe</i>			4-23-08 904 803-6952		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JANET M. ROWE			Date Daytime Phone #		