

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764549

FILED
Apr 01, 2009
Secretary of State

Entity Name: DINKINS NEW CONGREGATIONAL METHODIST CHURCH, INC.

Current Principal Place of Business:

13602 C.R. 127
SANDERSON, FL 32087 US

New Principal Place of Business:

Current Mailing Address:

14997 SHUMATE LANE
SANDERSON, FL 32087 US

New Mailing Address:

FEI Number: 59-2284837 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KIRKLAND, GRANVEL S.
5 MACCLENNEY AVENUE
MACCLENNEY, FL 32063 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: PD () Delete
Name: TERRELL, ERNEST
Address: 13464 E TALL PINE RD
City-St-Zip: MACCLENNEY, FL 32063

Title: SD () Delete
Name: CREWS, KIMBERLY
Address: 11724 COUNTY RD 229 N
City-St-Zip: SANDERSON, FL 32087

Title: SD () Delete
Name: FLANDERS, AMY
Address: PO BOX 145
City-St-Zip: OLUSTEE, FL 32072

Title: STD () Delete
Name: ROWE, JANET M
Address: 14997 SHUMATE LANE
City-St-Zip: SANDERSON, FL 32087

Title: D () Delete
Name: ALFORD, WAYNE
Address: PO BOX 415
City-St-Zip: SANDERSON, FL 32087

Title: SD () Delete
Name: POOLE, BRIAN
Address: 13366 E. TALL PINE RD
City-St-Zip: MACCLENNEY, FL 32087

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: CREWS, KIMBERLY K
Address: 11724 COUNTY RD 229 N
City-St-Zip: SANDERSON, FL 32087

Title: SD (X) Change () Addition
Name: HAINES, MELISSA E
Address: 14693 HID DUGGER ROAD
City-St-Zip: SANDERSON, FL 32087

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

Title: SD (X) Change () Addition
Name: ALFORD, WAYNE
Address: PO BOX 415
City-St-Zip: SANDERSON, FL 32087

Title: SD (X) Change () Addition
Name: POOLE, BRIAN R
Address: 13366 E. TALL PINE RD
City-St-Zip: MACCLENNEY, FL 32087

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: JANET M. ROWE

STD

04/01/2009

Electronic Signature of Signing Officer or Director

Date