2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#817720

FILED Jan 04, 2008 Secretary of State

Entity Name: THE SOUTHERN METHODIST CHURCH

Current Principal Place of Business: New Principal Place of Business: 425 BROUGHTON STREET ORANGEBURG, SC 29115 US **Current Mailing Address: New Mailing Address:** P. O. BOX 39 425 BROUGHTON STREET ORANGEBURG, SC 291160039 US ORANGEBURG, SC 29115 US FEI Number: 57-6029243 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COKER, BARRY L 1820 MÓRNINGSIDE DR. US PENSACOLA, FL 32503 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CLARK, CECIL Name: Name: 425 BROUGHTON STREET Address: Address: City-St-Zip: ORANGEBURG, SC 29115 City-St-Zip: Title: Title: () Delete () Change () Addition HUCKS, JOHN T JR. Name: Name: Address: 245 PERRYCLEAR STREET NW Address: City-St-Zip: ORANGEBURG, SC 29115 City-St-Zip: Title: () Delete Title: () Change () Addition WAITES, ROBERT F JR Name: Name: 220 SOUTH TRACE LANE Address: Address: City-St-Zip: HOOVER, AL 35244 City-St-Zip: (X) Change () Addition Title: () Delete Title: Name: LIVINGTON JR, PERRY F Name: HALLMAN, JOSEPH 950 LIVINGSTON ROAD 11483 CENTERHILL MARTIN ROAD Address: Address: City-St-Zip: POMARIA, SC 29126 City-St-Zip: COLLINSVILLE, MS 39325 Title: () Delete Title: (X) Change () Addition FULMER, PHILIP C DR SCHILLING, IRA Name: Name: 1048 DUDLEY ROAD 106 ALBERT DRIVE Address: Address: City-St-Zip: MARION, SC 29571 City-St-Zip: HAUGHTON, LA 71037 Title: () Delete Title: (X) Change () Addition THIGPEN, PAUL D EVANS, ELLISON L III Name: Name: Address: 1665 PHILADELPHIA STREET Address: 7980 FORGE ROAD TURBEVILLE, SC 29162 DARLINGTON, SC 29532 City-St-Zip: 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: CECIL CLARK S 01/04/2008