

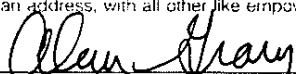
2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90034 050 ****61.25

DOCUMENT # N00000001349 1. Entity Name CHRIST UNITED METHODIST CHURCH, HASTINGS, FLORIDA, INC.					
Principal Place of Business 200 LATTIN ST. HASTINGS FL 32145			Mailing Address P.O. BOX 816 HASTINGS FL 32145		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2923299 ☐ Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/07)	
6. Name and Address of Current Registered Agent GRAY, ALAN 8618 SR 207 HASTINGS FL 32145				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 _____ Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature not required when reappointing) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY- ST- ZIP	D MAIER, GAIL E POB 699 HASTINGS FL 32145	☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D Dennis Petty 876 White Eagle Circle St Augustine FL 32086	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WATTS, PAUL 4250 WANDA ST HASTINGS FL 32145	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GRAY, ALAN P.O. BOX 816 HASTINGS FL 32145	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GROVES, MARY 248 PORT COMFORT DRIVE EAST PALATKA FL 32131	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MAIER, CARL POB 699 HASTINGS FL 32145	☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D Matthew Gray P.O. Box 1282 East Palatka FL 32131	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **Alan Gray** 1/29/08 904-692-2918