

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001349

FILED
Jan 14, 2009
Secretary of State

Entity Name: CHRIST UNITED METHODIST CHURCH, HASTINGS, FLORIDA, INC.

Current Principal Place of Business:

200 LATTIN ST.
HASTINGS, FL 32145

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 816
HASTINGS, FL 32145

New Mailing Address:

FEI Number: 59-2923299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAY, ALAN
8618 SR 207
HASTINGS, FL 32145 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: D () Delete
Name: PETTY, DENNIS
Address: 876 WHITE EAGLE CIR
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Delete
Name: WATTS, PAUL
Address: 4250 WANDA ST
City-St-Zip: HASTINGS, FL 32145

Title: D () Delete
Name: GRAY, ALAN
Address: P.O. BOX 816
City-St-Zip: HASTINGS, FL 32145

Title: D () Delete
Name: GROVES, MARY
Address: 248 PORT COMFORT DRIVE
City-St-Zip: EAST PALATKA, FL 32131

Title: D () Delete
Name: GRAY, MATHEW
Address: POB 1282
City-St-Zip: EAST PALATKA, FL 32131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: () Change () Addition
Name:
Address:
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: ALAN GRAY

D

01/14/2009

Electronic Signature of Signing Officer or Director

Date