


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-04-2008 90032 013 ****61.25

DOCUMENT # N00000004452			
1. Entity Name PINE RIDGE FELLOWSHIP UNITED METHODIST CHURCH, INC.			
Principal Place of Business 1555 SAXON BOULEVARD, #302 DELTONA, FL 32725		Mailing Address POST OFFICE BOX 390881 DELTONA, FL 32739-0881	
2. Principal Place of Business - No P.O. Box # 935 HOWLAND BLVD		3. Mailing Address 935 HOWLAND BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DELTONA, FL		City & State DELTONA, FL	
Zip 32738		Country VOLUSIA	
4. FEI Number 59-3662768		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIXON, TERRY VERNIS & BOWLING OF CNTRL. FL. 990 N. WOODLAND BOULEVARD DELAND, FL 32720		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 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	D ROBERTS, TAMMY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	542 MCNEAL DR.	NAME	
STREET ADDRESS	DELTONA, FL 32725	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D DOYLE, JODI <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1235 COURTLAND BLVD.	NAME	
STREET ADDRESS	DELTONA, FL 32738	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D BARBAROW, JENNIFER <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2018 ROCKHILL DR.	NAME	
STREET ADDRESS	DELTONA, FL 32738	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D FIORICA, DEBBIE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3546 MONUMENT DR.	NAME	
STREET ADDRESS	DELTONA, FL 32738	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DT OWENS, ROBERT E <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2361 ALTON ROAD	NAME	
STREET ADDRESS	DELTONA, FL 32738	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D STRECKER, JEFFREY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	579 KINGWAY DR.	NAME	
STREET ADDRESS	DELTONA, FL 32725	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>Robert E Owens</i>		TREASURER 3/30/08 407 324 1614	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	