

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 27, 2009  
Secretary of State**

DOCUMENT# N00000004452

Entity Name: PINE RIDGE FELLOWSHIP UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business:**

935 HOWLAND BLVD  
DELTONA, FL 32738

**New Principal Place of Business:**

**Current Mailing Address:**

935 HOWLAND BLVD  
DELTONA, FL 32738

**New Mailing Address:**

FEI Number: 59-3662768      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DIXON, TERRY  
VERNIS & BOWLING OF CNTRL. FL.  
990 N. WOODLAND BOULEVARD  
DELAND, FL 32720 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: ROBERTS, TAMMY  
Address: 542 MCNEAL DR.  
City-St-Zip: DELTONA, FL 32725

Title: D ( ) Delete  
Name: DOYLE, JODI  
Address: 1235 COURTLAND BLVD.  
City-St-Zip: DELTONA, FL 32738

Title: D ( ) Delete  
Name: BARBAROW, JENNIFER  
Address: 2018 ROCKHILL DR.  
City-St-Zip: DELTONA, FL 32738

Title: D ( ) Delete  
Name: FIORICA, DEBBIE  
Address: 3546 MONUMENT DR.  
City-St-Zip: DELTONA, FL 32738

Title: DT ( ) Delete  
Name: OWENS, ROBERT E  
Address: 2361 ALTON ROAD  
City-St-Zip: DELTONA, FL 32738

Title: D ( ) Delete  
Name: STRECKER, JEFFREY  
Address: 579 KINGWAY DR.  
City-St-Zip: DELTONA, FL 32725

**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:

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: ROBERT E OWENS

DT

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date