

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
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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