


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90013 035 ****61.25

| | | | | | |
|--|---------------------------------|---|---|---|--|
| DOCUMENT # N00270 1. Entity Name BRADENTON FREE METHODIST CHURCH INC. | | | |  | |
| Principal Place of Business 2202-26TH AVE., E. BRADENTON, FL 34208 | | | | Mailing Address 2202-26TH AVE., E. BRADENTON, FL 34208 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 34-1981750 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| BELL, STEVE REV. 2204 26TH AVE. EAST BRADENTON, FL 34208 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| 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 | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LIGHTNER, TERRY | | NAME | | |
| STREET ADDRESS | 3275 26TH AVE LOT 7 | | STREET ADDRESS | | |
| CITY- ST- ZIP | BRADENTON, FL 34208 | | CITY- ST- ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HUFFMAN, JOHN P | | NAME | | |
| STREET ADDRESS | 717 32ND ST W | | STREET ADDRESS | | |
| CITY- ST- ZIP | BRADENTON, FL 34205 | | CITY- ST- ZIP | | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | RICE, GERALD | | NAME | LIGHTNER, CONNIE C. | |
| STREET ADDRESS | 8141 PORTO CHICO | | STREET ADDRESS | 3275 26th AVE E. LOT 7 | |
| CITY- ST- ZIP | NORTH PORT, FL 34287 | | CITY- ST- ZIP | BRADENTON, FL 34208 | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BELL, STEVEN REV. | | NAME | | |
| STREET ADDRESS | 2204 26TH AVE. EAST | | STREET ADDRESS | | |
| CITY- ST- ZIP | BRADENTON, FL 34208 | | CITY- ST- ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY- ST- ZIP | | | CITY- ST- ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | 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: <u>Connie C. Lightner</u> CONNIE C. LIGHTNER <u>4/18/08</u> <u>941-345-6376</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |