## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000001148

FILED Sep 02, 2009 Secretary of State

Entity Name: MURCHISON TEMPLE CHRISTIAN METHODIST EPISCOPAL CHURCH, INC.

**Current Principal Place of Business: New Principal Place of Business:** 5817 CATOMA ST JACKSONVILLE, FL 32244 **Current Mailing Address: New Mailing Address:** 11351 MANATEE DR JACKSONVILLE, FL 32218 FEI Number: 59-3702769 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCKINNEY, MARY C 11351 MANATEE DR JACKSONVILLE, FL 32218 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PAST () Delete () Change () Addition MCKINNEY, MARY C Name: Name: 11351 MANATEE DR Address: Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: Title: STEW ( ) Delete Title: () Change () Addition ANDERSON, MRS Name: Name: Address: 5915-2 LINKS NOTCH LANE Address: City-St-Zip: JACKSONVILLE, FL 32221 City-St-Zip: Title: TREA () Delete Title: () Change () Addition WILLIAMS, ELAINE Name: Name: Address: 345 PHELPS ST Address: City-St-Zip: JACKSONVILLE, FL 32206 City-St-Zip: Title: SEC () Delete Title: SEC (X) Change ( ) Addition Name: PITTS, SHANTELL Name: BOWE, JOYCE Address: 4611 PEARL STREET Address: 5817 CATOMA ST City-St-Zip: JACKSONVILLE, FL 32206 US City-St-Zip: JACKSONVILLE, FL 32244 US Title: MINI () Delete Title: (X) Change ( ) Addition PITTS, JOHN YOUNG, GERALDINE Name: Name: 4611 PEARL STREET 5817 CATOMA ST Address: Address: City-St-Zip: JACKSONVILLE, FL 32206 US City-St-Zip: JACKSONVILLE, FL 32244 US

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: MARY C. MCKINNEY PAST 09/02/2009