## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000002521

FILED Apr 28, 2008 Secretary of State

Entity Name: LYNN HAVEN UNITED METHODIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

4501 TRANSMITTER ROAD PANAMA CITY, FL 32404 US

Current Mailing Address: New Mailing Address:

4501 TRANSMITTER ROAD PANAMA CITY, FL 32404 US

FEI Number: 59-2340570 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

STOPKA III, ALBERT J 108 MOSLEY DRIVE

LYNN HAVEN, FL 32444 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:

TOKE.

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: BOLINGER, LARRY Name: MUNN, MIKE Address: 4316 DELEN DRIVE Address: 523 NORTHSHORE CIRCLE

City-St-Zip: PANAMA CITY, FL 32404 US City-St-Zip: LYNN HAVEN, FL 32444 US

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: LEPTRONE, JEFF Name: LITTLETON, JEAN

 Address:
 7241 SHADY DRIVE
 Address:
 11135 RESOTA BEACH ROAD

 City-St-Zip:
 PANAMA CITY, FL 32404 US
 City-St-Zip:
 SOUTHPORT, FL 32409 US

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$ 

 Name:
 MUNN, MIKE
 Name:
 LEPTRONE, JEFF

 Address:
 523 NORTHSHORE CIRCLE
 Address:
 2106 CORAL DRIVE

 City-St-Zip:
 LYNN HAVEN, FL 32444 US
 City-St-Zip:
 LYNN HAVEN, FL 32444 US

Title: D ( ) Delete Title: D (X) Change ( ) Addition

Name: TUNNEL, LIBBY Name: HUMPHREY, JAN

 Address:
 505 VIRGINIA AVE
 Address:
 2720 COUNTRY CLUB DRIVE

 City-St-Zip:
 LYNN HAVEN, FL 32444 US
 City-St-Zip:
 LYNN HAVEN, FL 32444 US

Title: D () Delete Title: D (X) Change () Addition

 Name:
 JOHNSON, RÖGER
 Name:
 SMITH, NOELLE

 Address:
 2204 CAMRY'S CROSSING
 Address:
 4442 ASHLAND ROAD

 City-St-Zip:
 PANAMA CITY, FL 32405 US
 City-St-Zip:
 PANAMA CITY, FL 32405 US

Title: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 SCHRECK, JEFF
 Name:
 DOUGLAS, BOB

 Address:
 1107 NEW JERSEY AVE
 Address:
 6211 COMMANDER LANE

 City-St-Zip:
 LYNN HAVEN, FL 32444 US
 City-St-Zip:
 YOUNGSTOWN, FL 32466 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: ANGEL DIAZ CHUR 04/28/2008

Electronic Signature of Signing Officer or Director

Date