

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002521

FILED
Apr 27, 2009
Secretary of State

Entity Name: LYNN HAVEN UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

4501 TRANSMITTER ROAD
PANAMA CITY, FL 32404 US

New Principal Place of Business:

Current Mailing Address:

4501 TRANSMITTER ROAD
PANAMA CITY, FL 32404 US

New Mailing Address:

FEI Number: 59-2340570

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOPKA III, ALBERT J
108 MOSLEY DRIVE
LYNN HAVEN, FL 32444 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: MUNN, MIKE
Address: 523 NORTSHORE CIRCLE
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: D () Delete
Name: LITTLETON, JEAN
Address: 11135 RESOTA BEACH ROAD
City-St-Zip: SOUTHPORT, FL 32409 US

Title: D () Delete
Name: LEPTONE, JEFF
Address: 2106 CORAL DRIVE
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: D () Delete
Name: HUMPHREY, JAN
Address: 2720 COUNTRY CLUB DRIVE
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: D () Delete
Name: SMITH, NOELLE
Address: 4442 ASHLAND ROAD
City-St-Zip: PANAMA CITY, FL 32405 US

Title: D () Delete
Name: DOUGLAS, BOB
Address: 6211 COMMANDER LANE
City-St-Zip: YOUNGSTOWN, FL 32466 US

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: ANGEL DIAZ

ADIM

04/27/2009

Electronic Signature of Signing Officer or Director

Date