

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004288

FILED
Apr 21, 2009
Secretary of State

Entity Name: THE CEDAR KEY UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

626 FOURTH STREET
4 STREET AT SR 24
CEDAR KEY, FL 32625

New Principal Place of Business:

Current Mailing Address:

PO BOX 338
CEDAR KEY, FL 32625

New Mailing Address:

FEI Number: 59-3743359

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEALY, MAURICE W
16432 SW 120TH PLACE
CEDAR KEY, FL 32625 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: PD () Delete
Name: CAMPBELL, WILLIAM
Address: PO BOX 136
City-St-Zip: CEDAR KEY, FL 32625

Title: VD () Delete
Name: TAYLOR, RONNIE
Address: PO BOX 990
City-St-Zip: CEDAR KEY, FL 32625

Title: T () Delete
Name: ERWIN, ROBERT J
Address: PO BOX 475
City-St-Zip: CEDAR KEY, FL 32625

Title: D () Delete
Name: RICHARD, CLARK
Address: 16233 ANDREWS CIRCLE
City-St-Zip: CEDAR KEY, FL 32625

Title: T () Delete
Name: RICHARD, LATTIMER
Address: P.O. BOX 344
City-St-Zip: CEDAR KEY, FL 32625

Title: D () Delete
Name: WATSON, DEANNE
Address: 1134 WHIDDON AVE.
City-St-Zip: CEDAR KEY, FL 32625

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
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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: MAURICE W. HEALY

MR.

04/21/2009

Electronic Signature of Signing Officer or Director

Date