2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# N01000007832

Entity Name: DINSMORE UNITED METHODIST CHURCH, INC,

Current Principal Place of Business:

10604 IOWA AVE
JACKSONVILLE, FL 32219

New Principal Place of Business:

Current Mailing Address:

10604 IOWA AVE
JACKSONVILLE, FL 32219

New Mailing Address:

FEI Number: 59-3696440 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCLENDON, JEFFREY L
10604 IOWA AVE
JACKSONVILLE, FL 32219 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: CD ( ) Delete
Name: BESSENT, HERSCHEL
Address: 7010 GARDEN ST
City-St-Zip: JACKSONVILLE, FL 32219

Title: VCD ( ) Delete
Name: JARRETT, DEANNA
Address: 10716 OLD KINGS RD,
City-St-Zip: JACKSONVILLE, FL 32219

Title: TD ( ) Delete
Name: DILLMAN, DON
Address: 9802 WINSTON ST
City-St-Zip: JACKSONVILLE, FL 32208

Title: SD ( ) Delete
Name: JARRETT, DEANNA
Address: 10716 OLD KINGS RD
City-St-Zip: JACKSONVILLE, FL 32219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition
Name: ZORTEA, ROBERT
Address: 10603 CIVIC CLUB COURT
City-St-Zip: JACKSONVILLE, FL 32219

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: ROBERT ZORTEA CD 04/09/2009

Electronic Signature of Signing Officer or Director — Date