

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007927

FILED
Jan 04, 2008
Secretary of State

Entity Name: EVERGLADES COMMUNITY CHURCH, A UNITED METHODIST CONGREGATION, INC.

Current Principal Place of Business:

20871 JOHNSON STREET
SUITE 101
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

20871 JOHNSON STREET
SUITE 101
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 65-0701099

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, PATRIC L ESQ
300 S.E. 19TH STREET
FORT LAUDERDALE, FL 33316 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: TR () Delete
Name: JOHNSON, KENNETH
Address: 20871 JOHNSON STREET, SUITE 101
City-St-Zip: PEMBROKE PINES, FL 33029

Title: TR () Delete
Name: KORN, DON
Address: 20871 JOHNSON STREET, SUITE 101
City-St-Zip: PEMBROKE PINES, FL 33029

Title: TR () Delete
Name: TURPIN, TOM
Address: 20871 JOHNSON STREET, SUITE 101
City-St-Zip: PEMBROKE PINES, FL 33029

Title: S () Delete
Name: SOSA, MARIA M
Address: 20871 JOHNSON STREET, SUITE 101
City-St-Zip: PEMBROKE PINES, FL 33029

Title: TR () Delete
Name: DECAST, ROSALINE P
Address: 20871 JOHNSON STREET, SUITE 101
City-St-Zip: PEMBROKE PINES, FL 33029

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:

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: MARIA M. SOSA

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01/04/2008

Electronic Signature of Signing Officer or Director

Date