

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007927

FILED  
Mar 20, 2009  
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: MARTIN, GREG  
Address: 20871 JOHNSON STREET, SUITE 101  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: TR      ( ) Delete  
Name: TABARES, VILMA G  
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:

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

S

03/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date