
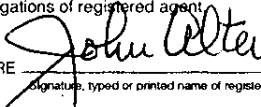
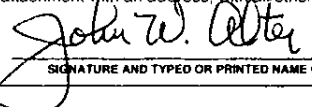


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90047 028 ****61.25

DOCUMENT # N01000008735 1. Entity Name BASCOM UNITED METHODIST CHURCH, INC.					
Principal Place of Business 4942 BASSWOOD RD BASCOM, FL 32423-9122				Mailing Address PO BOX 67 BASCOM, FL 32423-9122	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country USA		
6. Name and Address of Current Registered Agent ALTER, JOHN 5246 HIGHWAY 71 MALONE, FL 32445				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="text-align: center;"> CHAIRMAN, BOARD OF TRUSTEES <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="text-align: center;"> 1/9/08 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ALTER, JOHN 5246 HIGHWAY 71 MALONE, FL 32445	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALTER, ELIZABETH 5246 HIGHWAY 71 MALONE, FL 32445	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HALL, GEORGE POST OFFICE BOX 84 BASCOM, FL 32423	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONRAD, JUNE POST OFFICE BOX 14 BASCOM, FL 32423	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANT, JOHN 1032 WEST 12TH COURT PANAMA CITY, FL 32401	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dickens, Jimmy 5284 Wintergreen Road Bascom, FL 32423	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rogers, Robert 2344 John Thursby Road Donaldsonville, GA 39845	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="text-align: center;"> JOHN W. ALTER <small>Date</small> </div> <div style="text-align: center;"> 1/9/08 <small>Daytime Phone #</small> </div> <div style="text-align: center;"> 850-569-2412 </div> </div>					



01092008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-6610916

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required