

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008735

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: BASCOM UNITED METHODIST CHURCH, INC.

## Current Principal Place of Business:

4942 BASSWOOD RD  
BASCOM, FL 324239122

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 67  
BASCOM, FL 324239122

## New Mailing Address:

FEI Number: 59-6610916

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALTER, JOHN  
5246 HIGHWAY 71  
MALONE, FL 32445 US

## Name and Address of New Registered Agent:

ALTER, JOHN W CHAIR  
5246 HIGHWAY 71  
MALONE, FL 32445 US

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: JOHN W. ALTER

01/12/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: ALTER, JOHN  
Address: 5246 HIGHWAY 71  
City-St-Zip: MALONE, FL 32445

Title: SD ( ) Delete  
Name: ALTER, ELIZABETH  
Address: 5246 HIGHWAY 71  
City-St-Zip: MALONE, FL 32445

Title: TD ( ) Delete  
Name: HALL, GEORGE  
Address: POST OFFICE BOX 84  
City-St-Zip: BASCOM, FL 32423

Title: D ( ) Delete  
Name: CONRAD, JUNE  
Address: POST OFFICE BOX 14  
City-St-Zip: BASCOM, FL 32423

Title: D ( ) Delete  
Name: DICKENS, JIMMY  
Address: 5284 WINTERGREEN RD  
City-St-Zip: BASCOM, FL 32423

Title: D ( ) Delete  
Name: ROGERS, ROBERT  
Address: 2344 JOHN THURSBY RD  
City-St-Zip: DONALSONVILLE, GA 39845

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition  
Name: ALTER, JOHN W  
Address: 5246 HIGHWAY 71  
City-St-Zip: MALONE, FL 32445

Title: SD (X) Change ( ) Addition  
Name: ALTER, ELIZABETH A  
Address: 5246 HIGHWAY 71  
City-St-Zip: MALONE, FL 32445

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: JOHN W. ALTER

CD

01/12/2009

Electronic Signature of Signing Officer or Director

Date