

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01197

FILED
Feb 05, 2008
Secretary of State

Entity Name: EAST LAKE UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

2801 E. LAKE RD.
PALM HARBOR, FL 346858819

New Principal Place of Business:

Current Mailing Address:

2801 E. LAKE RD.
PALM HARBOR, FL 346858819

New Mailing Address:

FEI Number: 59-2276646

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FREE, E. LEBRON
PARK PROFESSIONAL CENTER
2725 PARK DRIVE, SUITE 4
CLEARWATER, FL 346238023 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: T () Delete
Name: LERCH, GORDON
Address: 4054 SALEM SQUARE PKWY
City-St-Zip: PALM HARBOR, FL 34685

Title: T () Delete
Name: BOWERS, CAROL
Address: 2202 TONIWOOD LN
City-St-Zip: PALM HARBOR, FL 34685

Title: T () Delete
Name: ROBERTS, DERECK
Address: 4319 LAVENDER DR
City-St-Zip: PALM HARBOR, FL 34685

Title: T () Delete
Name: O'SHELL, WILLIAM
Address: 101 SOUTH OLD COACHMAN RD APT 402
City-St-Zip: CLEARWATER, FL 33765

Title: T () Delete
Name: WEISLOGEL, LOUIS
Address: 615 KINGSMILL CT
City-St-Zip: OLDSMAR, FL 34677

Title: T () Delete
Name: MAYFIELD, DELORES
Address: 3190 JADEMOOR CIR
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: LERCH, GORDON
Address: 4054 SALEM SQ PARKWAY
City-St-Zip: PALM HARBOR, FL 34685

Title: T (X) Change () Addition
Name: KING, JIM
Address: 2800 OAKTREE CT
City-St-Zip: PALM HARBOR, FL 34684

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CHAI (X) Change () Addition
Name: O'SHELL, WILLIAM
Address: 101 SOUTH OLD COACHMAN RD APT 402
City-St-Zip: CLEARWATER, FL 33765

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: WILLIAM O'SHELL

CHA

02/05/2008

Electronic Signature of Signing Officer or Director

Date