2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008888

FILED Aug 08, 2007 Secretary of State

Entity Name: TAFT UNITED METHODIST CHURCH, INC.

808 FOURTH ST. ORLANDO, FL 32824

Current Mailing Address: New Mailing Address:

808 FOURTH ST ORLANDO, FL 32824

FEI Number: 59-3296255 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GREEN, ERNEST NICOLEAU,, HAROLD

9809 7TH AVENUE 13010 SAN ANTONIO WOODS LANE

ORLANDO, FL 32824 US ORLANDO, FL 32824

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: NICOLEAU, HAROLD 08/08/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DP () Delete (X) Change () Addition

GREEN, ERNEST NICOLEAU, HAROLD Name: Name: Address: 909 7TH AVENUE Address: 13010 SAN ANTONIO WOODS LANE

ORLANDO, FL 32824 City-St-Zip: ORLANDO, FL 32824

City-St-Zip:

Title: () Delete Title: (X) Change () Addition

Name: HARKEY, SARAH L Name: HYPPOLITE, MARIE

Address: 1020 4TH STREET Address: 13010 SAN ANTONIO WOODS LANE

City-St-Zip: ORLADNO, FL 32824 City-St-Zip: ORLADNO, FL 32824

Title: () Delete Title: () Change () Addition

SHIELDS, LEROY Name: Name: Address: 7444 LAKE WILLIS DR. Address: City-St-Zip: ORLANDO, FL 32821 City-St-Zip:

() Delete Title: DS Title: () Change () Addition

Name: FORD, JEAN Name: 4109 MERRYWEATHER DR. Address: Address: City-St-Zip: ORLANDO, FL 32812 City-St-Zip:

Title: Title: () Delete () Change () Addition

MILLS, THELMA Name: Name: 482 KENTUCKY WOOD LN. Address: Address: City-St-Zip: ORLANDO, FL 32824 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: NICOLEAU, HAROLD DP 08/08/2007