

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90027 026 ****61.25

DOCUMENT # N03000002755					
1. Entity Name SIMPSON MEMORIAL UNITED METHODIST CHURCH RIVIERA BEACH, FLORIDA, INCORPORATED					
Principal Place of Business 1144 WEST 6TH STREET RIVIERA BEACH, FL 33404			Mailing Address 1144 WEST 6TH STREET RIVIERA BEACH, FL 33404		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 10528			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State RIVIERA BEACH FL			
Zip	Country	Zip 33419	Country USA	4. FEI Number 20-0763957	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERGUSON, JESSIE SR 2614 MOHAWK CIR WEST PALM BEACH, FL 33409			7. Name and Address of New Registered Agent Name: FRANK MATTHEWS Street Address (P.O. Box Number is Not Acceptable): 4013 TEMPLE ST City: WEST PALM BEACH FL 33407		
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.					
SIGNATURE: <i>Frank L. Matthews</i>				DATE: 01/18/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PD NAME BURCH, JOYCE STREET ADDRESS 1144 WEST 6TH STREET CITY-ST-ZIP RIVIERA BEACH, FL 33404	<input checked="" type="checkbox"/> Delete				
TITLE VD NAME JACKSON, LEONARD STREET ADDRESS 1144 WEST 6TH STREET CITY-ST-ZIP RIVIERA BEACH, FL 33404	<input type="checkbox"/> Delete				
TITLE SD NAME FERGUSON, HELEN ANTHONY STREET ADDRESS 1144 WEST 6TH STREET CITY-ST-ZIP RIVIERA BEACH, FL 33404	<input type="checkbox"/> Delete				
TITLE TD NAME MATTHEWS, VERONA REV STREET ADDRESS 1144 WEST 6TH STREET CITY-ST-ZIP RIVIERA BEACH, FL 33404	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE PD NAME EARL DAVIS STREET ADDRESS P.O. BOX 10528 CITY-ST-ZIP RIVIERA BEACH, FL 33419	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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.					
SIGNATURE: <i>Rev Verona Matthews</i>				Date: 1-18-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 561 697 2766	

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01182008 Chg-NP CR2E037 (12/06)