

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007105

FILED  
Mar 26, 2009  
Secretary of State

**Entity Name:** THE MARIANNA/PANAMA CITY DISTRICT OFFICE OF THE UNITED METHODISTCHURCH, INC.

**Current Principal Place of Business:**

2913 OPTIMIST DRIVE  
MARIANNA, FL 32448

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 306  
MARIANNA, FL 32447

**New Mailing Address:**

**FEI Number:** 59-2056266

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

RISH, WILLIAM J  
206 EAST FOURTH STREET  
PORT ST. JOE, FL 32456 US

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

CALVERT, ROBERT A JR  
2919 PILGRIM REST CHURCH ROAD  
ALFORD, FL 32420 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: ROBERT A. CALVERT, JR.

03/26/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MR. ( ) Delete  
Name: SHELTON, KARL  
Address: 920 WEST BEACH DRIVE  
City-St-Zip: PANAMA CITY, FL 32401

Title: MS. ( ) Delete  
Name: MORTON, MARY JO  
Address: 3010 COLLEGE STREET  
City-St-Zip: MARIANNA, FL 32446

Title: MR. ( ) Delete  
Name: RUTHVEN, MIKE  
Address: 1204 TYNDALL DRIVE  
City-St-Zip: PANAMA CITY, FL 32401

Title: MR. ( ) Delete  
Name: SIMMONS, GEORGE  
Address: 4327 SEVENTH AVENUE  
City-St-Zip: MARIANNA, FL 32446

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: KARL SHELTON

DIR

03/26/2009

Electronic Signature of Signing Officer or Director

Date