2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007
Secretary of State

DOCUMENT# N03000009639

Entity Name: COMMUNITY OF FAITH UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

9110 US HWY 192
SUITE B
CLERMONT, FL 34714

New Principal Place of Business:

Current Mailing Address:

9110 US HWY 192
SUITE B
CLERMONT, FL 34714

New Mailing Address:

FEI Number: 59-3475581 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, SCOTT H
9110 US HWY 192
SUITE B
CLERMONT, FL 34714 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: CHAI ( ) Delete
Name: GRIMES, ELAINE
Address: 9110 US HWY 192 SUITE B
City-St-Zip: CLERMONT, FL 34714

Title: VC ( ) Delete
Name: ANNETTE, BURNSED
Address: 9110 US HWY 192 SUITE B
City-St-Zip: CLERMONT, FL 34714

Title: SEC ( ) Delete
Name: HEATHER, O'BRIEN
Address: 9110 US HWY 192 SUITE B
City-St-Zip: CLERMONT, FL 34714

Title: TREA ( ) Delete
Name: BERNER, BETH
Address: 9110 US HWY 192 SUITE B
City-St-Zip: DAVENPORT, FL 338966567

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: TREA (X) Change ( ) Addition
Name: DULA, AMANDA
Address: 9110 US HWY 192 SUITE B
City-St-Zip: DAVENPORT, FL 338966567

I hereby certify that the information supplied with this filing does not qualify for the 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: ELAINE GRIMES CHAI 03/14/2007

Electronic Signature of Signing Officer or Director — Date