## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03066

Apr 28, 2009 Secretary of State

Entity Name: SUNTREE UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business: New Principal Place of Business:** 7400 N WICKHAM ROAD MELBOURNE, FL 32940 US **Current Mailing Address: New Mailing Address:** 7400 N WICKHAM ROAD MELBOURNE, FL 32940 US FEI Number: 59-2424288 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GEER, STEVEN HUGHES, DEL 1031 SPANISH WELLS DR 1566 GRÁND ISLE BLVD MELBOURNE, FL 32940 US MELBOURNE, FL 32940 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: DEL HUGHES 04/28/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition HARDEE, ASHLEY HUGHES, DEL Name: Name: 1279 ROCKLEDGE DR Address: 1566 GRAND ISLE BLVE Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: MELBOURNE, FL 32940 Title: ( ) Delete Title: (X) Change ( ) Addition GEER, STEVEN Name: SHIPP, JERRY Name: Address: 1031 SPANISH WELLS DR Address: 1555 FICUS POINT DRIVE City-St-Zip: MELBOURNE, FL 32940 City-St-Zip: MELBOURNE, FL 32940 Title: () Delete Title: () Change () Addition RICHARDSON, BARRY Name: Name: 931 STRATFORD PLACE Address: Address: City-St-Zip: MELBOURNE, FL 32940 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: EDWARDS, JOHN Name: 301 HAILWOOD DR Address: Address: City-St-Zip: MELBOURNE, FL 32901 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition BANKE, DAWN WATT, BIBA Name: Name: 1692 CLOVER CIRCLE Address: Address: 1845 N. HWY A1A APT 703 City-St-Zip: MELBOURNE, FL 32935 City-St-Zip: INDIALANTIC, FL 32903

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: DEL HUGHES D 04/28/2009