

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2008 8:00 am
Secretary of State

02-05-2008 90006 040 ****61.25

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|--|---|--|--|--|--|
| DOCUMENT # N04000009388 1. Entity Name UNITED METHODIST COOPERATIVE MINISTRIES OF MADISON COUNTY, INC. | | | | | |
| Principal Place of Business 135 NE DILL ST MADISON, FL 32340 | | | Mailing Address 135 NE DILL ST MADISON, FL 32340 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 01242008 Chg-NP CR2E037 (12/06) | |
| 4. FEI Number 59-3404928 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| HARDEE, JAMES JR 2092 NE CHERRY LAKE CIRCLE MADISON, FL 32340 | | | Name <i>Francis Mercer</i> Street Address (P.O. Box Number is Not Acceptable) <i>3012 NE CR 255</i> City <i>Lee</i> FL Zip Code <i>32059</i> | | |
| 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>Francis Mercer</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | DATE <i>1/28/08</i> <small>(NOTE: Registered Agent signature required when reinstating)</small> | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BOSSCHER, BILL 1136 NE TERR. AVE. PINETTA, FL 32350 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CT HUNTER, JIM 2517 NW CR 150 GREENVILLE, FL 32331 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T CONE, MARIE 3921 N.W. US 221 GREENVILLE, FL 32331 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T EDENFIELD, HELEN 1539 NE POST RD. MADISON, FL 32340 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ROWELL, PAUL 210 SE FRANCES STREET MADISON, FL 32340 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SEARCY, BONNIE 6753 E US HWY 90 LEE, FL 32059 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Robert Searcy 6753 E US Hwy 90 Lee, FL 32059 | <input type="checkbox"/> Change <input checked="" 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>James Hardee Jr</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | DATE <i>1/28/08</i> <small>Date</small> | | |
| <small>Daytime Phone #</small> | | | | | |