

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009388

FILED
Jan 21, 2009
Secretary of State

Entity Name: UNITED METHODIST COOPERATIVE MINISTRIES OF MADISON COUNTY, INC.

Current Principal Place of Business:

135 NE DILL ST
MADISON, FL 32340

New Principal Place of Business:

Current Mailing Address:

135 NE DILL ST
MADISON, FL 32340

New Mailing Address:

FEI Number: 59-3404928

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERCER, FRANCES
3012 NE CR 255
LEE, FL 32059 US

Name and Address of New Registered Agent:

CATRON, JIM
225 NE BEVAN LOOP
MADISON, FL 32340 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: JIM CATRON

01/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BOSSCHER, BILL
Address: 1136 NE TERR. AVE.
City-St-Zip: PINETTA, FL 32350

Title: CT () Delete
Name: HUNTER, JIM
Address: 2517 NW CR 150
City-St-Zip: GREENVILLE, FL 32331

Title: T () Delete
Name: CONE, MARIE
Address: 3921 N.W. US 221
City-St-Zip: GREENVILLE, FL 32331

Title: T () Delete
Name: EDENFIELD, HELEN
Address: 1539 NE POST RD.
City-St-Zip: MADISON, FL 32340

Title: T () Delete
Name: ROWELL, PAUL
Address: 210 SE FRANCES STREET
City-St-Zip: MADISON, FL 32340

Title: T () Delete
Name: SEARCY, ROBERT
Address: 6753 E US HWY 90
City-St-Zip: LEE, FL 32059

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: HUNTER, JIM
Address: 2517 NW CR 150
City-St-Zip: GREENVILLE, FL 32331

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CT (X) Change () Addition
Name: ROWELL, PAUL
Address: 210 SE FRANCES STREET
City-St-Zip: MADISON, FL 32340

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: JIM CATRON

CHA

01/21/2009

Electronic Signature of Signing Officer or Director

Date