2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

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Entity Name: ALTURAS UNITED METHODIST CHURCH OF FLORIDA, INC.

Current Principal Place of Business:

2745 OAK DRIVE
ALTURAS, FL 33820

New Principal Place of Business:

Current Mailing Address:

PO BOX 66
ALTURAS, FL 33820

New Mailing Address:

FEI Number: 59-3352883 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VOIGT, JOHN
3065 E. CENTRAL AVENUE
BARTOW, FL 33830 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: TR ( ) Delete
Name: VOIGT, JOHN
Address: 3065 E. CENTRAL AVENUE
City-St-Zip: BARTOW, FL 33830

Title: TR ( ) Delete
Name: PERDUE, JOHNNY
Address: P.O. BOX 41
City-St-Zip: ALTURAS, FL 33820

Title: TR ( ) Delete
Name: TATE, JANET
Address: 1510 ALTURAS ROAD
City-St-Zip: BARTOW, FL 33830

Title: TR ( ) Delete
Name: KELLY, KAREN
Address: P.O. BOX 331
City-St-Zip: ALTURAS, FL 33830

Title: TR ( ) Delete
Name: WENTWORTH, ALVIN
Address: 6815 HIGHWAY 60 E, #435
City-St-Zip: BARTOW, FL 33830

Title: TR ( ) Delete
Name: MERCER, CANDANCE
Address: 1950 EL PASO TRAIL
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TR (X) Change ( ) Addition
Name: VOIGT, JOHN A
Address: 3065 E. CENTRAL AVENUE
City-St-Zip: BARTOW, FL 33830

Title: TRSC (X) Change ( ) Addition
Name: PERDUE, BETTY P SEC
Address: P.O. BOX 41
City-St-Zip: ALTURAS, FL 33820

Title: TR (X) Change ( ) Addition
Name: TATE, JANT
Address: 1510 ALTURAS ROAD
City-St-Zip: BARTOW, FL 33830

Title: TRT (X) Change ( ) Addition
Name: PINDER, ANNA TRS
Address: 6312 GROVE POINT DRIVE SE
City-St-Zip: WINTER HAVEN, FL 33884

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: JOHN A VOIGT TR 04/01/2009

Electronic Signature of Signing Officer or Director — Date