

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05000005331**

1. Entity Name

**EAST CENTRAL DISTRICT, FLORIDA ANNUAL  
CONFERENCE, UNITED METHODIST CHURCH, INC.**



Principal Place of Business

**2125 E SOUTH ST  
ORLANDO, FL 32803-6502**

Mailing Address

**2125 E SOUTH ST  
ORLANDO, FL 32803-6502**



03052008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**20-2888983**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WHWW, INC  
390 N. ORANGE BLVD.  
STE. 1500  
ORLANDO, FL 32801**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00 May Be  
Added to Fees**

000000859151  
04/02/08-30010-016 70.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C  
AKERS, CHRIS  
1082 CRYSTAL BOWL CIRCLE  
CASSELBERRY, FL 32707**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VC  
ELYEA, DAVE  
5668 FREEPORT DR  
TAVARES, FL 32778**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
DAVIDSON, SCOTT  
1541 MAGNOLIA AVE  
WINTER PARK, FL 32789**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
CHANCE, CLARE  
441 HARBOUR LIGHTS DR  
ORMOND BEACH, FL 32174**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*David Elyea* (Dave Elyea)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/08  
Date

407-230-0569  
Daytime Phone #