

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005331

FILED  
Jun 22, 2009  
Secretary of State

Entity Name: EAST CENTRAL DISTRICT, FLORIDA ANNUAL CONFERENCE, UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business:**

2125 E SOUTH ST  
ORLANDO, FL 328036502

**New Principal Place of Business:**

**Current Mailing Address:**

2125 E SOUTH ST  
ORLANDO, FL 328036502

**New Mailing Address:**

FEI Number: 20-2888983      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**      **Name and Address of New Registered Agent:**

WHTWW, INC  
390 N. ORANGE BLVD.  
STE. 1500  
ORLANDO, FL 32801 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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: AKERS, CHRIS  
Address: 1082 CRYSTAL BOWL CIRCLE  
City-St-Zip: CASSELBERRY, FL 32707

Title: VC ( ) Delete  
Name: ELYEA, DAVE  
Address: 5668 FREEPORT DR  
City-St-Zip: TAVARES, FL 32778

Title: T ( ) Delete  
Name: DAVIDSON, SCOTT  
Address: 1541 MAGNOLIA AVE  
City-St-Zip: WINTER PARK, FL 32789

Title: S ( ) Delete  
Name: CHANCE, CLARE  
Address: 441 HARBOUR LIGHTS DR  
City-St-Zip: ORMOND BEACH, FL 32174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: C (X) Change ( ) Addition  
Name: CHANCE, CLARE  
Address: 3628 OAKVIEW DR.  
City-St-Zip: ORLANDO, FL 32812

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

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

Title: S (X) Change ( ) Addition  
Name: WILLIAMS, ALICE  
Address: 5209 FIEDLVIEW CT  
City-St-Zip: ORLANDO, FL 32819

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: DAVE ELYEA

VC

06/22/2009

Electronic Signature of Signing Officer or Director

Date