2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 29, 2008 8:00 am Secretary of State

DOCUMENT # N0500005333 1. Entity Name SOUTH CENTRAL DISTRICT, FLORIDA ANNUAL CONFERENCE, UNITED METHODIST CHURCH, INC.						02-29-2008	90019 006	****61	1.25
Principal Place of Business 202 W REYNOLDS ST PLANT CITY, FL 33563 Mailing Address 202 W REYNOLDS ST PLANT CITY, FL 33563			}			PL 8 178 18 17	II 88/11 88/81 8/818 1/8	71 11 i	
2. Principal P	tace of Business - No P.O. Box #	3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02262008 (Chg-NP	CR2E037 (1	2/06)		
City & State		City & State		4. FEI Number 20-28893	23		→	plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate of	Status Desired		75 Add Required	itional
	6. Name and Address of Current	Registered Agent			7. Name and Ad	Idress of New R	tegistered Agen	ıt	
	****			Name					
HAAS, ROMAINE 202 W REYNOLDS PLANT CITY, FL 33563				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code	•
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registered	d office or regis	tered agent, or both, i	in the State of Flo	orida. I am famil	iar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent								
		and the autopolicable. (NUT)	: Registered	Agent signature requ	red when reinstating)		DATE		
	Filing Fee is \$61.25	9. Election Carr Trust Fund C	npaign Fir	nancing	\$5.00 May Be	100000000000000000000000000000000000000	lake check pay	Committee of the Commit	0,000,000,000,000,000
10	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Can Trust Fund C	npaign Fir Contributio	nancing	\$5.00 May Be Added to Fees	Flor	lake check pay ida Departmei	nt of St	ate
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIS	9. Election Can Trust Fund C	npaign Fir Contributio	nancing	\$5.00 May Be	Flor	lake check pay ida Departmei RS AND DIRECT	nt of St	ate 10
10. TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIS	9. Election Can Trust Fund C	npaign Fir Contributio	nancing on. [\$5.00 May Be Added to Fees	Flor	lake check pay ida Departmei RS AND DIRECT	nt of St	ate
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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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR