2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005334

Apr 30, 2007 Secretary of State

Entity Name: ATLANTIC CENTRAL DISTRICT, FLORIDA ANNUAL CONFERENCE, UNITED METHODIST CHURCH,

INC

Current Principal Place of Business: New Principal Place of Business:

700 N WICKHAM RD STE 205 9015 AMERICANA ROAD

MELBOURNE, FL 32935 A-4

VERO BEACH, FL 329666668 US

Current Mailing Address: New Mailing Address:

700 N WICKHAM RD STE 205 9015 AMERICANA ROAD

MELBOURNE, FL 32935 A-4 VERO BEACH, FL 329666668 US

FEI Number: 20-2890159 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MOXLEY, PATRICIA
700 N WICKHAM RD STE 205

MOXLEY, PATRICIA
9015 AMERICANA ROAD

MELBOURNE, FL 32935 US A-4 VERO BEACH, FL 329666668 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: 04/30/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR () Delete Title: () Change () Addition

 Name:
 ROUGHTON, KEN REV
 Name:

 Address:
 625 NE MIZNER BLVD
 Address:

 City-St-Zip:
 BOCA RATON, FL 33432 US
 City-St-Zip:

Title: OFCR () Delete Title: () Change () Addition

 Name:
 LOCKE, DALE REV
 Name:

 Address:
 14101 OKEECHOBEE BLVD
 Address:

 City-St-Zip:
 LOXAHATCHEE, FL 33470 US
 City-St-Zip:

Title: OFCR () Delete Title: () Change () Addition

 Name:
 HARNER, JEN REV
 Name:

 Address:
 4510 PORTOFINE WAY #111
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33409 US
 City-St-Zip:

Title: SECY () Delete Title: SECY (X) Change () Addition

 Name:
 MOXLEY, PATRICIA
 Name:
 MOXLEY, PATRICIA

 Address:
 700 N WICKHAM RD STE 205
 Address:
 9015 AMERICANA ROAD

 City-St-Zip:
 MELBOURNE, FL 32935 US
 City-St-Zip:
 VERO BEACH, FL 329666668 US

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: PATRICIA MOXLEY SECY 04/30/2007