

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005362

FILED
Apr 10, 2008
Secretary of State

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

Current Principal Place of Business:

1498 ROSERY RD EAST
LARGO, FL 337701656

New Principal Place of Business:

Current Mailing Address:

1498 ROSERY RD EAST
LARGO, FL 337701656

New Mailing Address:

FEI Number: 20-2889017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COLE, STEVE O
625 COURT ST
SUITE 200
CLEARWATER, FL 33756 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: DIR () Delete
Name: JOHNSTON, ARCHIE L MR.
Address: 2680 LANDMARK DRIVE
City-St-Zip: CLEARWATER, FL 33761

Title: VDIR () Delete
Name: COUNTS, NORRIS E MR.
Address: 1791 TANGLEWOOD DRIVE NE
City-St-Zip: ST PETERSBURG, FL 33702

Title: SEC () Delete
Name: HUNTER, TRACY E REV
Address: 190 COQUINA BAY DRIVE
City-St-Zip: ST PETERSBURG, FL 33708

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: DIR () Change (X) Addition
Name: DORSEY, MASON
Address: 175 62ND AVE N
City-St-Zip: ST PETERSBURG, FL 33702

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: ARCHIE JOHNSTON

DIR

04/10/2008

Electronic Signature of Signing Officer or Director

Date