2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N05000005551

Entity Name: NEW LIGHT METHODIST CHURCH, INC.

Current Principal Place of Business:

2650 EVERGREEN RD
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

2650 EVERGREEN RD
DELAND, FL 32724

New Mailing Address:

FEI Number: 04-3816014 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHANDLER, RICHARD P
2650 EVERGREEN RD
DELAND, FL 32724 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: DP ( ) Delete
Name: COWELL, BRAD
Address: 24321 E. RIVER ROAD
City-St-Zip: ASTOR, FL 32102

Title: DV ( ) Delete
Name: WILLIAMSON, SAM
Address: 1450 COVERED BRIDGE DRIVE
City-St-Zip: DELAND, FL 32724

Title: DTS ( ) Delete
Name: COWELL, CHERYL
Address: 24321 E RIVER RD
City-St-Zip: ASTOR, FL 32102

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: DT (X) Change ( ) Addition
Name: COWELL, CHERYL
Address: 24321 E RIVER RD
City-St-Zip: ASTOR, FL 32102

Title: DS ( ) Change (X) Addition
Name: CHANDLER, FAWN L
Address: 2650 EVERGREEN ROAD
City-St-Zip: DELAND, FL 32724

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: CHERYL COWELL DT 04/21/2009

Electronic Signature of Signing Officer or Director — Date