

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006557

FILED
Jan 16, 2009
Secretary of State

Entity Name: WESLEY UNITED METHODIST CHURCH OF GAINESVILLE, INCORPORATED

Current Principal Place of Business:

826 NW 23RD AVENUE
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

826 NW 23RD AVENUE
GAINESVILLE, FL 32609

New Mailing Address:

FEI Number: 59-1474155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MANASCO, RAYMOND O
2071 NW 21ST LANE
GAINESVILLE, FL 326053964 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: PD () Delete
Name: GIBBS, SHARREN
Address: 1610 NW 24TH ST
City-St-Zip: GAINESVILLE, FL 326053842

Title: VD () Delete
Name: CASE, RONALD
Address: 1917 NW 102ND PL
City-St-Zip: GAINESVILLE, FL 326530972

Title: D () Delete
Name: JONES, RALPH
Address: 5128 NW 80TH RD.
City-St-Zip: GAINESVILLE, FL 326535134

Title: SD () Delete
Name: PICKRELL, LINDA
Address: 2519 NW 4TH TERR
City-St-Zip: GAINESVILLE, FL 32609

Title: D () Delete
Name: ROHAN, ROBERT J
Address: 412 NE 16 AVE #110
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: FRAZIER, KAY
Address: 3021 NW 24TH TERR
City-St-Zip: GAINESVILLE, FL 326052875

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

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

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

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: DALE K. MCCLELLAN

OA

01/16/2009

Electronic Signature of Signing Officer or Director

Date