

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009137

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE MICCOSUKEE UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

8841 VETERANS MEMORIAL DRIVE
MICCOSUKEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

8841 VETERANS MEMORIAL DRIVE
MICCOSUKEE, FL 32309

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROTMAN, DOROTHY K
14035 GODBOLD RD
TALLAHASSEE, FL 32309 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: DS () Delete
Name: TROTMAN, DOROTHY K
Address: 14035 GODBOLD ROAD
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: BLACK, TRAMMELL
Address: 10645 ROCOCO ROAD
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: STRINGER, SID
Address: 6242 W. WASHINGTON ST
City-St-Zip: MONTICELLO, FL 32344

Title: P () Delete
Name: CROMARTIE, TOMMY
Address: P.O. BOX 91105
City-St-Zip: MICCOSUKEE, FL 32309

Title: V () Delete
Name: MORRIS, RON
Address: P.O. BOX 91105
City-St-Zip: MICCOSUKEE, FL 32309

Title: T () Delete
Name: CROMARTIE, LINDA S
Address: P.O. BOX 91105
City-St-Zip: MICCOSUKEE, FL 32309

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
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Address:
City-St-Zip:

Title: () Change () Addition
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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: DOROTHY K. TROTMAN

DS

04/30/2009

Electronic Signature of Signing Officer or Director

Date