2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N06000007184

Entity Name: ALLEN CHAPEL COMMUNITY METHODIST CHURCH, INC.

Current Principal Place of Business:

1012 CR 10
WELLBORN, FL 32094

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 759
WELLBORN, FL 32094

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:

BRADLEY, BLONDELL
5590 BULB FARM RD.
WELLBORN, FL 32094 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: ST ( ) Delete
Name: HANKERSON, KENNETH
Address: 5580 BULB FARM RD.
City-St-Zip: WELLBORN, FL 32094

Title: T ( ) Delete
Name: RANDALL, BETTY
Address: 412 FIRST AVE.
City-St-Zip: WELLBORN, FL 32094

Title: S ( ) Delete
Name: FORD, HAZEL
Address: 428 FIRST AVE.
City-St-Zip: WELLBORN, FL 32094

Title: S ( ) Delete
Name: KELSEY, CLAUDE LEE
Address: 264 SW BURNETT LANE
City-St-Zip: LAKE CITY, FL 32056

Title: ST ( ) Delete
Name: BRADLEY, BLONDELL
Address: 5590 BULB FARM RD.
City-St-Zip: WELLBORN, FL 32094

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:

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: KENNETH HANKERSON STEW 04/21/2009

Electronic Signature of Signing Officer or Director — Date