2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

7/

FILED
Sep 03, 2008 8:00 am
Secretary of State
07-28-2008 90032 007 ****61.25

DOCUMENT # N07000002188

1. Entity Name
CHERRY LAKE UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
260 NW SETTLEMENT ROAD MADISON, FL 32340	260 NW SETTLEMENT ROAD MADISON, FL 32340

bbU10630

01242008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2313293 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GASTON, EUGENE T TRUSTEE 818 NW HAMBURG ROAD MADISON, FL 32340	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 7/26/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TC HUNTER, JAMES R SR. 2517 NW CR 150 GREENVILLE, FL 32331	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Alan Hidy 881 NE Post Rd Madison, FL 32340	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GASTON, EUGENE T 818 NW HAMBURG RD MADISON, FL 32340	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Louise Jenkins 9096 N SR 53 Madison, FL 32340	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HARRIS, JOSH 473 NE TARRAGON ST PINETTA, FL 32340	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RUTTAN, MEL 328 NE HOMESITE RD MADISON, FL 32340	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DEWITT, JOE 3026 NW JERSEY RD MADISON, FL 32340	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HIDY, KATHY 881 NE POST RD MADISON, FL 32340	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/27/08
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #