

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002188

FILED
Jan 19, 2009
Secretary of State

Entity Name: CHERRY LAKE UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

260 NW SETTLEMENT ROAD
MADISON, FL 32340

New Principal Place of Business:

Current Mailing Address:

260 NW SETTLEMENT ROAD
MADISON, FL 32340

New Mailing Address:

FEI Number: 59-2313293

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASTON, EUGENE T TRUSTEE
818 NW HAMBURG ROAD
MADISON, FL 32340 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: TC () Delete
Name: HUNTER, JAMES R SR.
Address: 2517 NW CR 150
City-St-Zip: GREENVILLE, FL 32331

Title: T () Delete
Name: GASTON, EUGENE T
Address: 818 NW HAMBURG RD
City-St-Zip: MADISON, FL 32340

Title: T () Delete
Name: JENKINS, LOUISE
Address: 9096 N SR 53
City-St-Zip: MADISON, FL 32340

Title: T () Delete
Name: RUTTAN, MEL
Address: 328 NE HOMESITE RD
City-St-Zip: MADISON, FL 32340

Title: T () Delete
Name: HIDY, ALAN
Address: 881 NE POST RD
City-St-Zip: MADISON, FL 32340

Title: T () Delete
Name: HIDY, KATHY
Address: 881 NE POST RD
City-St-Zip: MADISON, FL 32340

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: T (X) Change () Addition
Name: HARRIS, JOSH
Address: 473 NE TARRAGON ST
City-St-Zip: PINETTA, FL 32350

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

Title: T (X) Change () Addition
Name: HIDY, LOWELL
Address: 881 NE POST RD
City-St-Zip: MADISON, FL 32340

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: JIM HUNTER

T C

01/19/2009

Electronic Signature of Signing Officer or Director

Date