2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002367

FILED Jan 07, 2008 Secretary of State

Entity Name: HICKORY GROVE UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:				New Principal Place of Business:			
1218 N.E. H PINETTA, F	HICKORY GR FL 32350	POVE RD.					
Current Mailing Address:				New Mailing Address:			
1218 N.E. HICKORY GROVE RD. PINETTA, FL 32350				P. O. BOX 303. PINETTA, FL 32350			
FEI Number:	20-8937125	FEI Number Applied For()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
BUCHANAN, RANDY 1218 N.E. HICKORY GROVE RD. PINETTA, FL 32350 US				BUCHANAN, RANDY 724 N E. COSMOS DRIVE PINETTA, FL 32350 US			
The above in the State		submits this statement for the p	urpose o	f changing i	ts registered	office or registered agent, or both,	
SIGNATURE:				01/07/2008			
	Electro	nic Signature of Registered Age	ent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D (ULM, SANDRA 4852 NE COU LEE, FL 3205	NTY RD. 255		Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	D (SMITH, MELIN 1855 ROCKY MADISON, FL	FORD RD.		Title: Name: Address: City-St-Zip:	MOORE, THE	SMOS DRIVE	
Title: Name: Address: City-St-Zip:	WILLIAMS, EU	RY GROVE RD		Title: Name: Address: City-St-Zip:	HUDSON, RA	RSYTHIA WAY	
Title: Name: Address: City-St-Zip:	D (POOLE, BERN 140 NE CALAI MADISON, FL	DIUM WAY		Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	D (HACKKLE, MA 433 NE COSM PINETTA, FL	OS DR.		Title: Name: Address: City-St-Zip:	D (HACKLE, MA 433 NE COSI PINETTA, FL	MOS DR.	
Title: Name: Address: City-St-Zip:	D (TOWNSEND, A 4150 DAYLILY PINETTA, FL	AVE.		Title: Name: Address: City-St-Zip:	(()Change ()Addition	

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: SANDRA ULM D 01/07/2008