

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002367

FILED
Jan 17, 2009
Secretary of State

Entity Name: HICKORY GROVE UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

1218 N.E. HICKORY GROVE RD.
PINETTA, FL 32350

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 303
PINETTA, FL 32350

New Mailing Address:

FEI Number: 20-8937125

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUCHANAN, RANDY
724 N E. COSMOS DRIVE
PINETTA, FL 32350 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: D () Delete
Name: ULM, SANDRA
Address: 4852 NE COUNTY RD. 255
City-St-Zip: LEE, FL 32059

Title: D () Delete
Name: MOORE, THERON
Address: 599 N. E. COSMOS DRIVE
City-St-Zip: PINETTA, FL 32350

Title: D () Delete
Name: HUDSON, RALPH
Address: 378 N. E. FORSYTHIA WAY
City-St-Zip: PINETTA, FL 32350

Title: D (X) Delete
Name: POOLE, BERNARD
Address: 140 NE CALADIUM WAY
City-St-Zip: MADISON, FL 32340

Title: D (X) Delete
Name: HACKLE, MATTIE
Address: 433 NE COSMOS DR.
City-St-Zip: PINETTA, FL 32350

Title: D (X) Delete
Name: TOWNSEND, AB
Address: 4150 DAYLILY AVE.
City-St-Zip: PINETTA, FL 32350

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: TOWNSEND, AB
Address: 599 N. E. COSMOS DRIVE
City-St-Zip: PINETTA, FL 32350

Title: D (X) Change () Addition
Name: WILLIAMS, ROY
Address: 3397 NE COTTONWOOD TRAIL
City-St-Zip: LEE, FL 32059

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: SANDRA ULM

D

01/17/2009

Electronic Signature of Signing Officer or Director

Date