2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003262

FILED Jan 10, 2009 Secretary of State

Entity Name: LEE UNITED METHODIST CHURCH, INC. **Current Principal Place of Business: New Principal Place of Business:** 276 SOUTH EAST COUNTY ROAD 255 LEE, FL 32059 **Current Mailing Address: New Mailing Address:** 276 SOUTH EAST COUNTY ROAD 255 LEE, FL 32059 FEI Number: 59-2460302 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHAIR, ROY E QUACKENBUSH, RICHARD H 276 SÉ COUNTRY ROAD 255 276 SE CR 255 LEE, FL 32059 LEE, FL 32059 US 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: RICHARD QUACKENBUSH 01/10/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ELLIS, ROY Name: Name: 6938 SE FARM ROAD Address: Address: City-St-Zip: LEE, FL 32059 City-St-Zip: Title: Title: () Delete () Change () Addition Name: ROACH, GLENN Name: Address: 3675 SE COUNTY ROAD 255 Address: City-St-Zip: LEE, FL 32059 City-St-Zip: Title: () Delete Title: (X) Change () Addition ARCHAMBAULT, CHERYL Name: SWEITZER, RICHARD Name: 3854 NE COUNTY ROAD 255 Address: Address: 1086 NE CATTAIL City-St-Zip: LEE, FL 32059 City-St-Zip: MADISON, FL 32340 Title: () Delete Title: () Change (X) Addition QUACKENBUSH, RICHARD H REV Name: Name: **PO BOX 38** Address: Address: City-St-Zip: City-St-Zip: LEE, FL 32059 US

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: RICHARD QUACKENBUSH D 01/10/2009