

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007511

FILED
Feb 18, 2009
Secretary of State

Entity Name: SALEM UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

202 9TH AVENUE EAST
HAVANA, FL 32333

New Principal Place of Business:

Current Mailing Address:

202 9TH AVENUE EAST
HAVANA, FL 32333

New Mailing Address:

PO BOX 646
HAVANA, FL 32333

FEI Number: 59-1022740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TILLER, RON
302 LIVE OAK LANE E
HAVANA, FL 32333 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: ZEIGLER, MIKE
Address: 222 LIVE OAK LANE
City-St-Zip: HAVANA, FL 32333

Title: D () Delete
Name: MCNEILL, ALONA
Address: PO BOX 894
City-St-Zip: HAVANA, FL 32333

Title: T () Delete
Name: WHIDDEN, WAYNE
Address: 10352 FL-GA HWY
City-St-Zip: HAVANA, FL 37333

Title: D () Delete
Name: TILLER, RON
Address: 302 LIVE OAK LANE E
City-St-Zip: HAVANA, FL 32333

Title: D () Delete
Name: NORMAN, DAVID
Address: 106 MAGNOLIA CIRCLE
City-St-Zip: HAVANA, FL 32333

Title: D () Delete
Name: PARTIN, ANGIE
Address: 153 TREE BARK COURT
City-St-Zip: HAVANA, FL 32333

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: WILLIAMS, DICK
Address: 2747 SALEM ROAD
City-St-Zip: HAVANA, FL 32333

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

Title: T (X) Change () Addition
Name: BARNETT, EDGAR
Address: 250 HICKORY LANE
City-St-Zip: HAVANA, FL 32333

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: MIKE ZEIGLER

D

02/18/2009

Electronic Signature of Signing Officer or Director

Date