

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90022 016 ****61.25

DOCUMENT # N07000007580					
1. Entity Name JENNINGS UNITED METHODIST CHURCH, INC.					
Principal Place of Business 1371 MCCALL STREET JENNINGS, FL 32053			Mailing Address PO BOX 13 JENNINGS, FL 32053		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 42-1574523	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRINER, JANE 1371 MCCALL STREET JENNINGS, FL 32053			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing ☐		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAIR, BILLY PO BOX 47 JENNINGS, FL 32053	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WYNN, EDDIE 1642 NW 5TH STREET JENNINGS, FL 32053	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRINER, JANE 210 SE 8TH STREET JASPER, FL 32052	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEEDLEY, JUDY 5784 SW 61ST AVE JASPER, FL 32052	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENNINGTON, HARRY PO BOX 87 JENNINGS, FL 32053	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Jane Griner</i>		1-25-08		3867921770	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	