

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007580

FILED
Jan 12, 2009
Secretary of State

Entity Name: JENNINGS UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

1371 MCCALL STREET
JENNINGS, FL 32053

New Principal Place of Business:

Current Mailing Address:

PO BOX 13
JENNINGS, FL 32053

New Mailing Address:

FEI Number: 42-1574523

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRINER, JANE
1371 MCCALL STREET
JENNINGS, FL 32053 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: BLAIR, BILLY
Address: PO BOX 47
City-St-Zip: JENNINGS, FL 32053

Title: D () Delete
Name: WYNN, EDDIE
Address: 1642 NW 5TH STREET
City-St-Zip: JENNINGS, FL 32053

Title: D () Delete
Name: GRINER, JANE
Address: 210 SE 8TH STREET
City-St-Zip: JASPER, FL 32052

Title: D () Delete
Name: STEEDLEY, JUDY
Address: 5784 SW 61ST AVE
City-St-Zip: JASPER, FL 32052

Title: D () Delete
Name: PENNINGTON, HARRY
Address: PO BOX 87
City-St-Zip: JENNINGS, FL 32053

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JANE GRINER

SEC

01/12/2009

Electronic Signature of Signing Officer or Director

Date