


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90021 028 ****61.25

DOCUMENT # N07000012012 1. Entity Name PINE GROVE UNITED METHODIST CHURCH, INC.					
Principal Place of Business 5300 STATE RD. 136-A LIVE OAK, FL 32060			Mailing Address 5300 STATE RD. 136-A LIVE OAK, FL 32060		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEL Number TJ-59-216-3345	
City & State Zip Country		City & State Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POUCHER, GARY T. 3714 72 ST. LIVE OAK, FL 32060				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	T POUCHER, GEORGE E. 3966 72 ST. LIVE OAK, FL 32060	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ed daSilva 482185th. Rd. Live Oak, FL: 32060	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, JOSEPH J. 4678 85 RD. LIVE OAK, FL 32060	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cheryl Poucher 3714 72 St. Live Oak, FL. 32060	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DELEGAL, CHARLES E. 7940 CR 136-A LIVE OAK, FL 32060	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kathy Smith P.O. Box 67 Live Oak, FL. 32064	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CORBETT, JERRY 5777 PINE CREST RD. LIVE OAK, FL 32060	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WIGELSWORTH, PATRICIA C. 8866 WIGLEY WAY LIVE OAK, FL 32060	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FLETCHER, IRIS T. 12918 94 TRACE LIVE OAK, FL 32060	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Gary T. Poucher</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/93/08 386-963-1147 <small>Date Daytime Phone #</small>		