2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N07000012012

Entity Name: PINE GROVE UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

5300 STATE RD. 136-A
LIVE OAK, FL 32060

New Principal Place of Business:

Current Mailing Address:

5300 STATE RD. 136-A
LIVE OAK, FL 32060

New Mailing Address:

FEI Number: 59-2163345 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POUCHER, GARY T.
3714 72 ST.
LIVE OAK, FL 32060 US

Name and Address of New Registered Agent:

POUCHER, GARY T
7278 37TH. RD
LIVE OAK, FL 32060 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: GARY T. POUCHER 04/29/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: DASILVA, ED
Address: 482185TH RD
City-St-Zip: LIVE OAK, FL 32060

Title: T ( ) Delete
Name: POUCHER, CHERYL
Address: 3714 72 ST
City-St-Zip: LIVE OAK, FL 32060

Title: T ( ) Delete
Name: DELEGAL, CHARLES E.
Address: 7940 CR 136-A
City-St-Zip: LIVE OAK, FL 32060

Title: T ( ) Delete
Name: CORBETT, JERRY
Address: 5777 PINE CREST RD.
City-St-Zip: LIVE OAK, FL 32060

Title: T ( ) Delete
Name: WIGELSWORTH, PATRICIA C.
Address: 6866 WIGLEY WAY
City-St-Zip: LIVE OAK, FL 32060

Title: T ( ) Delete
Name: FLETCHER, IRIS T.
Address: 12918 94 TRACE
City-St-Zip: LIVE OAK, FL 32060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change ( ) Addition
Name: POUCHER, CHERYL
Address: 7278 37TH. RD.
City-St-Zip: LIVE OAK, FL 32060

Title: T (X) Change ( ) Addition
Name: DELEGAL, CHARLES E
Address: 7940 CR 136-A
City-St-Zip: LIVE OAK, FL 32060

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

Title: T (X) Change ( ) Addition
Name: WHITE, WANDA G
Address: 5723 PINECREST RD.
City-St-Zip: LIVE OAK, FL 32060

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: GARY T. POUCHER AGEN 04/29/2009
Electronic Signature of Signing Officer or Director Date