
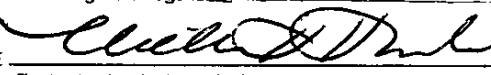


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90033 025 \*\*\*\*70.00

<b>DOCUMENT # N08774</b>			
1. Entity Name <b>UNITED METHODIST CHURCH OF PARRISH, INC.</b>			
Principal Place of Business 12180 US HWY 301 P.O. BOX 375 PARRISH, FL 34219		Mailing Address 12140 69TH STREET E. P.O. BOX 375 PARRISH, FL 34219	
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
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>HANCOCK, WILLIAM H</b> 7050 SUNSET DR S 803 SAINT PETERSBURG, FL 33707		Name <b>HANCOCK, WILLIAM H</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>5007 WOODLAWN CIR W</b>	
		City <b>PALMETTO</b>	FL Zip Code <b>34221</b>
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 		DATE <b>4/8/08</b>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		Make check payable to Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	C <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BISHOP, DON	NAME	SIAUGHTER, HUDSON
STREET ADDRESS	11105 35TH COURT EAST	STREET ADDRESS	823 LEFFINGWELL AVE
CITY-ST-ZIP	PARRISH, FL 34219	CITY-ST-ZIP	ELLENTON, FL 34222
TITLE	C <input checked="" type="checkbox"/> Delete	TITLE	HANCOCK, WILLIAM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNN, WILLIS	NAME	HANCOCK, WILLIAM
STREET ADDRESS	15641 COUNTY ROAD 675	STREET ADDRESS	5007 WOODLAWN CIR W
CITY-ST-ZIP	PARRISH, FL 34219	CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, PATRICIA	NAME	
STREET ADDRESS	4311 36TH AVE E	STREET ADDRESS	
CITY-ST-ZIP	PALMETTO, FL 34221	CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORNEY, RONALD	NAME	
STREET ADDRESS	1040 ERIE RD	STREET ADDRESS	
CITY-ST-ZIP	PARRISH, FL 34219	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAWYER, TOM	NAME	
STREET ADDRESS	3804 5TH AVENUE WEST	STREET ADDRESS	
CITY-ST-ZIP	PALMETTO, FL 34221	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.

