## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08774

FILED Jan 10, 2009 Secretary of State

Entity Name: UNITED METHODIST CHURCH OF PARRISH, INC.

**Current Principal Place of Business: New Principal Place of Business:** 12180 US HWY 301 12140 69TH STREET E P.O. BOX 375 PARRISH, FL 34219 PARRISH, FL 34219 **Current Mailing Address: New Mailing Address:** 12140 69TH STREET E. P.O. BOX 375 PARRISH, FL 34219 FEI Number: 59-2384853 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HANCOCK, WILLIAM H 5007 WOODLAWN CIR W PALMETTO, FL 34221 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BISHOP, DON Name: Name: 11105 35TH COURT EAST Address: Address: City-St-Zip: PARRISH, FL 34219 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition HANCOCK, WILLIAM Name: Name: WATTERSON, ALICIA Address: 5007 WOODLAWN CIR W Address: 4550 47TH STREET W #1613 City-St-Zip: PALMETTO, FL 34221 City-St-Zip: BRADENTON, FL 34210 Title: () Delete Title: (X) Change ( ) Addition HAMILTON, PATRICIA GLICK, DAVID Name: Name: 4311 36TH AVE E Address: Address: 4243 70TH ST CIR E City-St-Zip: PALMETTO, FL 34221 City-St-Zip: PALMETTO, FL 34221 (X) Change ( ) Addition Title: ( ) Delete Title: Name: FORNEY, RONALD Name: LANDERS, JASON 5609 SPANISH POINT CT Address: 1040 ERIE RD Address: City-St-Zip: PARRISH, FL 34219 City-St-Zip: PALMETTO, FL 34221 Title: ( ) Delete Title: (X) Change ( ) Addition HUDSON, SLAUGHTER HUDSON, SLAUGHTER Name: Name: 823 LEFFIN GWELL AVE 823 LEFFINGWELL AVE Address: Address: City-St-Zip: ELLENTON, FL 34222 City-St-Zip: ELLENTON, FL 34222

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: DON BISHOP O 01/10/2009