

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08774

FILED  
Jan 21, 2011  
Secretary of State

**Entity Name:** UNITED METHODIST CHURCH OF PARRISH, INC.

**Current Principal Place of Business:**

12140 69TH STREET E  
PARRISH, FL 34219

**New Principal Place of Business:**

**Current Mailing Address:**

12140 69TH STREET E.  
P.O. BOX 375  
PARRISH, FL 34219

**New Mailing Address:**

**FEI Number:** 59-2384853      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HANCOCK, WILLIAM H  
5007 WOODLAWN CIR W  
PALMETTO, FL 34221 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: C  
Name: POWERS, GORDON  
Address: 16731 CR 675  
City-St-Zip: PARRISH, FL 34219

Title: T  
Name: COTTON, BECCA  
Address: 5616 90TH AVE. CIRCLE E.  
City-St-Zip: PARRISH, FL 34219

Title: C  
Name: MEIKLEJOHN, KATHI  
Address: 8610 29TH ST E  
City-St-Zip: PARRISH, FL 34219

Title: C  
Name: MEIKLEJOHN, JOHN M  
Address: 8610 29TH ST E  
City-St-Zip: PARRISH, FL 34219

Title: D  
Name: MERCER, LYNN  
Address: 433 SUNSET CIR N  
City-St-Zip: ELLENTON, FL 34222

I hereby 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 all other like empowered.

SIGNATURE: BECCA COTTON

T

01/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date