

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10293

FILED
Apr 16, 2008
Secretary of State

Entity Name: COMMUNITY UNITED METHODIST CHURCH OF FRUITLAND PARK, INC.

Current Principal Place of Business:

% BOWERS, WILLIAM
309 COLLEGE AVENUE
FRUITLAND PARK, FL 34731 US

New Principal Place of Business:

Current Mailing Address:

% BOWERS, WILLIAM
309 COLLEGE AVENUE
FRUITLAND PARK, FL 34731 US

New Mailing Address:

FEI Number: 59-2320044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWERS, WILLIAM
5416 GROVE MANOR
LADY LAKE, FL 32159 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: PD () Delete
Name: HANNA, MICHAEL
Address: 357 CARRIAGE LANE
City-St-Zip: LADY LAKE, FL 32159

Title: D () Delete
Name: WILSON, ROBERT
Address: 2067 PALO ALTO AVENUE
City-St-Zip: LADY LAKE, FL 32159

Title: D () Delete
Name: HALL, JAMES
Address: 25340 RIVERCREST DRIVE
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: CUNKELMAN, DONNA
Address: 1506 DOLOROSA COURT
City-St-Zip: LADY LAKE, FL 32159

Title: D () Delete
Name: PRATT, HOWARD
Address: 1728 AUGUSTINE DRIVE
City-St-Zip: LADY LAKE, FL 32159

Title: D () Delete
Name: REINBOLD, PATRICIA
Address: 210 ESTRADA PALCE
City-St-Zip: LADY LAKE, FL 32159

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: FRAIN, DICK
Address: 17242 SE 94TH COULTS CIRCLE
City-St-Zip: THE VILLAGES, FL 32162

Title: D (X) Change () Addition
Name: O'DONNELL, RICK
Address: 212 N VALLEY ROAD
City-St-Zip: FRUITLAND PARK, FL 34731

Title: D (X) Change () Addition
Name: PATTERSON, JIM
Address: 987 GOOSE CREEK
City-St-Zip: THE VILLAGES, FL 32162

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: MICHAEL HANNA

PD

04/16/2008

Electronic Signature of Signing Officer or Director

Date