2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10293

FILED Apr 13, 2009 Secretary of State

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

	Current Principal Place of Business:				New Principal Place of Business:		
309 COLLI	RS, WILLIAM EGE AVENUE ID PARK, FL 3	4731	US				
Current M	ailing Address	s:		New Mailin	ng Address:		
309 COLLI	RS, WILLIAM EGE AVENUE ID PARK, FL 3	4731	US				
FEI Number:	59-2320044	FEI Nu	ımber Applied For()	FEI Number Not Applic	cable () Certificate of Status Desired (X)		
Name and	Address of Co	urrent l	Registered Agent:	Name and	Address of New Registered Agent:		
	WILLIAM VE MANOR E, FL 32159	US					
	named entity s e of Florida.	ubmits	this statement for the p	ourpose of changing its	s registered office or registered agent, or both,		
SIGNATUF	RE:						
	Electroni	c Signa	ature of Registered Age	ent	Date		
OFFICERS	S AND DIRECT	ORS:		ADDITIONS	S/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PD () HANNA, MICHAE 357 CARRIAGE LADY LAKE, FL	LANE		Title: Name: Address: City-St-Zip:	() Change () Addition		
Γitle: Name:	D () WILSON, ROBE 2067 PALO ALTO		JE	Title: Name: Address:	() Change () Addition		
	LADY LAKE, FL			City-St-Zip:			
City-St-Zip: Title: Name: Address:	LADY LAKE, FL	32159 Delete COULTS		City-St-Zip: Title: Name: Address: City-St-Zip:	()Change()Addition		
Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip:	D () FRAIN, DICK 17242 SE 94TH THE VILLAGES,	32159 Delete COULTS FL 3216 Delete CK ROAD	52	Title: Name: Address:	() Change () Addition () Change () Addition		
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	D () FRAIN, DICK 17242 SE 94TH THE VILLAGES, D () O'DONNELL, RIG 212 N VALLEY F FRUITLAND PAF	32159 Delete COULTS FL 3216 Delete CK ROAD RK, FL 3 Delete M EEK	4731	Title: Name: Address: City-St-Zip: Title: Name: Address:			

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 04/13/2009