

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11489

FILED
Apr 23, 2007
Secretary of State

Entity Name: JOHN WESLEY UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

1689 OLD ST AUGUSTINE ROAD
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

1689 OLD ST AUGUSTINE ROAD
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-6140993

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DURLAND, PETER R
2514 MARSTON ROAD
TALLAHASSEE, FL 32301 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: T () Delete
Name: RIVENBURG, DEBBIE MS.
Address: 1038 WINFIELD FOREST DRIVE
City-St-Zip: TALLAHASSEE, FL 32317

Title: T () Delete
Name: HILL, NELSON MR.
Address: 2384 WINTERGREEN ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: T () Delete
Name: CHRISAWN, MICHAEL MR.
Address: 2505 COLLEEN DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: T () Delete
Name: MILLER, BILLY MR.
Address: 2827 BLAIRSTONE COURT
City-St-Zip: TALLAHASSEE, FL 32301

Title: T () Delete
Name: MCKNIGHT, BASIL MR.
Address: 1605 OSTOPAKIN NENE
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: T (X) Change () Addition
Name: KITTERMAN, LESLIE MRS.
Address: 969 MEDIEVAL PLACE
City-St-Zip: TALLAHASSEE, FL 32301

Title: T (X) Change () Addition
Name: WHITE, SYLVIA MRS.
Address: 3983 CAMINO REAL
City-St-Zip: TALLAHASSEE, FL 32311

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES R. COSPER

MR

04/23/2007

Electronic Signature of Signing Officer or Director

Date