

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90028 013 ****61.25

DOCUMENT # N15782

1. Entity Name
ELLENTON UNITED METHODIST CHURCH, INC.



Principal Place of Business
**3607 US HWY 301 N.
ELLENTON, FL 34222-2326**

Mailing Address
**3607 US HWY 301 N.
ELLENTON, FL 34222-2326**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02042008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2754168

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEARES, DON
612 CAMELLIA AVE
ELLENTON, FL 34222**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **DON MEARES**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-10-08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VC ☐ Delete
NAME **DEMAREST, DEY**
STREET ADDRESS **211 BOUGAINVILLEA LANE**
CITY-ST-ZIP **PARRISH, FL 34219**

TITLE **T** ☐ Change ☒ Addition
NAME **CARL MILLER**
STREET ADDRESS **4326 12th STREET CT. E**
CITY-ST-ZIP **ELLENTON, FL 34221**

TITLE **T** ☐ Delete
NAME **EINEMANN, FRED**
STREET ADDRESS **4303 BUENA VISTA DR NORTH**
CITY-ST-ZIP **ELLENTON, FL 34222**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **SHEPERD, JAMES**
STREET ADDRESS **4128 LONG LAKE DR S**
CITY-ST-ZIP **ELLENTON, FL 34222**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **BACON, JERRY**
STREET ADDRESS **1536 47TH AVE DR E**
CITY-ST-ZIP **ELLENTON, FL 34222**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **WEAVER, JOHN**
STREET ADDRESS **364 NORTH ORCHID DR**
CITY-ST-ZIP **ELLENTON, FL 34222**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **CRAMER, JAMES E**
STREET ADDRESS **210 MERRY LN**
CITY-ST-ZIP **PALMETTO, FL 34221**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Jerry Bacon Treasurer** **2/4/08** **941.729.2590**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #