

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16788

FILED
Mar 13, 2009
Secretary of State

Entity Name: NAVARRE UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

9474 NAVARRE PARKWAY
NAVARRE, FL 32566

New Principal Place of Business:

Current Mailing Address:

9474 NAVARRE PARKWAY
NAVARRE, FL 32566

New Mailing Address:

FEI Number: 59-2289408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HASKIN, BRIAN
9474 NAVARRE PARKWAY
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

STIMPSON, DAVID F
9474 NAVARRE PARKWAY
NAVARRE, FL 32566 US

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: DAVID F. STIMPSON

03/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HASKIN, BRIAN
Address: 2204 CALLE DE PIZZARO
City-St-Zip: NAVARRE, FL 32566

Title: VP () Delete
Name: LUCIO, JESSIE
Address: 9418 POWDER LANE
City-St-Zip: NAVARRE, FL 32566

Title: D () Delete
Name: TRAYNOR, TERRI
Address: 2356 PINENEEDLE DR
City-St-Zip: NAVARRE, FL 32566

Title: T () Delete
Name: CUTSHAW, KEITH
Address: 2177 VIZCAYA DRIVE
City-St-Zip: NAVARRE, FL 32566

Title: D () Delete
Name: SMITH, DOUG
Address: 2879 PGA BLVD
City-St-Zip: NAVARRE, FL 32566

Title: S () Delete
Name: LEONARD, LEE
Address: 411-B ODDEN LANE
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STIMPSON, DAVID F
Address: 1484 HOMEPORT DR
City-St-Zip: NAVARRE, FL 32566

Title: VP (X) Change () Addition
Name: WILLIAMS, BRAD
Address: 5583 TIMBERLAKE DR
City-St-Zip: MARY ESTHER, FL 32569

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

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

Title: D (X) Change () Addition
Name: BASS, DIANE
Address: 104 AUSTIN CT
City-St-Zip: MARY ESTHER, FL 32569

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: DAVID F. STIMPSON

P

03/13/2009

Electronic Signature of Signing Officer or Director

Date