2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20760

City-St-Zip:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

PENSACOLA, FL 32514

1800 PEACHES LANE

CANTONMENT, FL 32533

MACK, STEVE

BROWN, JOHN

5660 DOVE DR

PACE, FL 32571

() Delete

() Delete

FILED Aug 22, 2008 Secretary of State

Entity Name: ST. LUKE UNITED METHODIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 1394 EAST NINE MILE ROAD PENSACOLA, FL 325145720 US **Current Mailing Address: New Mailing Address:** 1394 EAST NINE MILE ROAD PENSACOLA, FL 325145720 US FEI Number: 59-2569623 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KOLEK, STEPHEN J 11591 DUELING OAKS DRIVE PENSACOLA, FL 32514 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete HOUSTON, JAMES CUNNINGHAM, LEWE P Name: Name: 3562 WINDSOR FOREST CT Address: 5108 ROWE TR Address: City-St-Zip: PACE, FL 32571 City-St-Zip: PACE, FL 32571 Title: SD Title: D (X) Change () Addition () Delete WEED, MIKE Name: WEED, MIKE Name: Address: 421 NOWAK RD Address: 421 NOWAK RD City-St-Zip: CANTONMENT, FL 32533 City-St-Zip: CANTONMENT, FL 32533 Title: Title: (X) Change () Addition () Delete DONEY, DEB FAIRBANKS, TERESA Name: Name: Address: 1690 CONDOR DR Address: 1269 TECUMDEH TR City-St-Zip: CAMTONMENT, FL 32533 City-St-Zip: PENSACOLA, FL 32514 Title: () Delete Title: (X) Change () Addition Name: WENTZ, CHARLES Name: FOXWORTH, WILLIAM 1941 WOODBRIDGE DR 6846 COMMUNITY DR Address: 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.

City-St-Zip:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

PENSACOLA, FL 32526

6357 HAMMOCK TRACE

TRASHER, JEFF

MILTON, FL 35583

(X) Change () Addition

() Change () Addition

SIGNATURE: LEWE P CUNNINGHAM PD 08/22/2008