

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90012 001 ****61.25

DOCUMENT # N21670

1. Entity Name

PINE UNITED METHODIST CHURCH, INC.



Principal Place of Business

INTERSECTION OF PINE CHURCH RD & HWY
P.O. BOX 1067
FT. MCCOY FL 32134-1067

Mailing Address

INTERSECTION OF PINE CHURCH RD & HWY
P.O. BOX 1067
FT. MCCOY FL 32134-1067

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

4. FEI Number

59-2957376

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

HAAS, DENNIS
5120 NE 132 PL.
ANTHONY FL 32617

Name

Harmon Hall

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

1500 N.E. 59th Street

City

Ocala

FL

Zip Code
34479

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

Harmon Hall

Harmon Hall

2-24-08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: 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 ☒ Delete
NAME HAAS, DORIS
STREET ADDRESS 5120 NE 132 PL.
CITY-ST-ZIP ANTHONY FL 32617

TITLE ☐ Change ☒ Addition
NAME Burniece Grant
STREET ADDRESS 10057 N.E. Old Jack. Hwy.-0001
CITY-ST-ZIP Anthony, FL 32617

TITLE ☐ Delete
NAME CLARK, BEN
STREET ADDRESS 3951 SE 180 AVENUE
CITY-ST-ZIP MORRISTON FL 32668

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

TITLE ☒ Delete
NAME STD
STREET ADDRESS FUHRER, NEVA M
CITY-ST-ZIP 497 NE 70TH TERR
OCALA FL 34470

TITLE ☐ Change ☒ Addition
NAME STD
STREET ADDRESS Kessler, Earlene
CITY-ST-ZIP 15551 N.E. 137th Court
FT. MCCOY, FL 32134

TITLE ☐ Delete
NAME HAAS, DENNIS W
STREET ADDRESS 5120 NE 132 PL
CITY-ST-ZIP ANTHONY FL 32617

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

TITLE ☒ Delete
NAME PERRY, CHARLES
STREET ADDRESS NE 185TH ST P.O. BOX 95
CITY-ST-ZIP CITRA FL

TITLE ☐ Change ☒ Addition
NAME D. Geeraerts, Art
STREET ADDRESS 14790 N.E. 180th Street
CITY-ST-ZIP Ft. McCoy, FL 32134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Harmon Hall
CITY-ST-ZIP 1500 N.E. 59th Street
Ocala, FL 34479

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Burniece Grant

Burniece Grant

2-24-08

352-622-8706