

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21670

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: PINE UNITED METHODIST CHURCH, INC.

## Current Principal Place of Business:

INTERSECTION OF PINE CHURCH RD & HWY 316  
P.O. BOX 1067  
FT. MCCOY, FL 321341067

## New Principal Place of Business:

6827 NE 175 ST. RD.  
CITRA, FL 32113

## Current Mailing Address:

INTERSECTION OF PINE CHURCH RD & HWY 316  
P.O. BOX 1067  
FT. MCCOY, FL 321341067

## New Mailing Address:

P.O. BOX 1067  
FT. MCCOY, FL 321341067

FEI Number: 59-2957376

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAAS, DENNIS  
1500 NE 59TH STREET  
OCALA, FL 34479 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: GRANT, BURNIECE  
Address: 10057 NE OLD JACK HWY 0001  
City-St-Zip: ANTHONY, FL 32617

Title: C ( ) Delete  
Name: CLARK, BEN  
Address: 3951 SE 180 AVENUE  
City-St-Zip: MORRISTON, FL 32668

Title: STD ( ) Delete  
Name: KESSLER, EARIENE  
Address: 15651 NE 137TH COURT  
City-St-Zip: FORT MC COY, FL 32134

Title: D ( ) Delete  
Name: HAAS, DENNIS W  
Address: 5120 NE 132 PL  
City-St-Zip: ANTHONY, FL 32617

Title: D ( ) Delete  
Name: GERRGERTS, ART  
Address: 14790 NE 180TH STREET  
City-St-Zip: FORT MC COY, FL 32134

Title: D ( ) Delete  
Name: HALL, HARMON  
Address: 1500 NE 59TH STREET  
City-St-Zip: OCALA, FL 34479

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: HAAS, DORIS  
Address: 5120 NE 132 PLACE  
City-St-Zip: ANTHONY, FL 32617

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: ( ) 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: DORIS HAAS

D

01/16/2009

Electronic Signature of Signing Officer or Director

Date