

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25192

FILED
Apr 30, 2008
Secretary of State

Entity Name: CENTENARY UNITED METHODIST CHURCH FOUNDATION, INC.

Current Principal Place of Business:

CENTENARY UNITED METHODIST CHURCH
206 N. MADISON ST.
QUINCY, FL 32351 US

New Principal Place of Business:

Current Mailing Address:

CENTENARY UNITED METHODIST CHURCH
206 N. MADISON ST.
QUINCY, FL 32351 US

New Mailing Address:

FEI Number: 59-2887437

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TILK, JACK O
206 N MADISON ST
QUINCY, FL 32351 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: TP () Delete
Name: BATES, MARK W
Address: 505 WEST HIGHLAND AVE
City-St-Zip: QUINCY, FL 32351

Title: T () Delete
Name: MCMILLAN, S. CRAIG
Address: 2678 DUTEN RD
City-St-Zip: QUINCY, FL 32352

Title: TT () Delete
Name: RODGERS, JIM
Address: 205 N MADISON ST
City-St-Zip: QUINCY, FL 32351

Title: T () Delete
Name: BASS, MARTHA
Address: 717 NORTH 9TH ST
City-St-Zip: QUINCY, FL 323511731

Title: T () Delete
Name: GREENWALD, JUDY
Address: PO BOX 241
City-St-Zip: QUINCY, FL 32353

Title: TV () Delete
Name: FLETCHER, BERT
Address: 308 EAST SHARON STREET
City-St-Zip: QUINCY, FL 32351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
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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: MARK W. BATES

TP

04/30/2008

Electronic Signature of Signing Officer or Director

Date