

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25298

FILED
May 01, 2008
Secretary of State

Entity Name: HANSON UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

290 NE DAISY ST
MADISON, FL 32340

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 513
MADISON, FL 32341

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

PULLIAM, JIM JR
459 NE DAYLILY AVENUE
MADISON, FL 32340 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: CT () Delete
Name: MORSE, TOMMIE
Address: 8801 NE COLIN KELLY HWY
City-St-Zip: PINETTA, FL 32350

Title: T () Delete
Name: BOSSCHER, BILL
Address: 1136 NE FERN AVE
City-St-Zip: PINETTA, FL 32350

Title: T () Delete
Name: NEWBERRY, FLORENCE
Address: 632 NE DOGWOOD ST
City-St-Zip: MADISON, FL 32340

Title: () Delete
Name:
Address:
City-St-Zip:

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: TRE. () Change (X) Addition
Name: LEONARDSON, BRIAN E MR.
Address: 3559 N.E. COUNTRY KITCHEN ROAD
City-St-Zip: MADISON, FL 32340 MA

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: BRIAN E. LEONARDSON

Electronic Signature of Signing Officer or Director

TRE.

05/01/2008

Date