

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90087 013 \*\*\*\*61.25

**DOCUMENT # N27220**

1. Entity Name  
**KILLEARN LAKES UNITED METHODIST CHURCH, INC.**



Principal Place of Business  
**8013 DEER LAKE ROAD, S.  
TALLAHASSEE, FL 32312 US**

Mailing Address  
**8013 DEER LAKE ROAD, S.  
TALLAHASSEE, FL 32312 US**

**40088814**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2886749**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**BRANTLEY, TOM  
3213 N. SHANNON LAKES DRIVE  
TALLAHASSEE, FL 32309**

Name **Hoover, John**  
Street Address (P.O. Box Number is Not Acceptable)  
**1425 Covey Ride**  
City **Tallahassee** FL Zip Code **32312**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TC  
HOOVER, JOHN  
1425 COVEY RIDE  
TALLAHASSEE, FL 32312** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TVC  
PARRAMORE, MIKE  
3491-11 THOMASVILLE ROAD #179  
TALLAHASSEE, FL 32309** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TVC  
Allamon, Judy  
3827 Loma Farm Rd  
Tallahassee, FL 32309** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TT  
RUSSELL, MARY ANNE  
8114 HOLLY RIDGE TRAIL  
TALLAHASSEE, FL 32312** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TT  
Waters, Faye  
3010 Golden Eagle Dr. E.  
Tallahassee, FL 32312** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TS  
BOOR, JOE  
6256 WHITTENDALE DRIVE  
TALLAHASSEE, FL 32312** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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

*John Hoover*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John Hoover**

Date

**4/25/08**

Daytime Phone #

**850-509-5479**