

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

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90059 028 ****61.25

DOCUMENT # N27374

1. Entity Name

SHADY HILLS UNITED METHODIST CHURCH, INC.



Principal Place of Business

15925 GREEN GLEN LANE
SPRING HILL FL 34610
US

Mailing Address

15925 GREEN GLEN LANE
SPRING HILL FL 34610
US

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

59-2369456

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

TROUTMAN, DAVID
16203 WHIPPOORILL
SPRING HILL FL 34610

7. Name and Address of New Registered Agent

Name Gary Finch

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

16102 Caldwell Ln

SpringHill, FL 34610

City

FL

Zip Code
34610

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.

X
SIGNATURE

Gary D. Finch

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

TITLE RI
NAME TROUTMAN, DAVID
STREET ADDRESS 16203 WHIPPOORILL
CITY- ST- ZIP SPRING HILL FL 34610 ☒ Delete

TITLE ST
NAME SWANN, HILDA
STREET ADDRESS 16632 BREAKWATER LN
CITY- ST- ZIP SPRING HILL FL 34610 ☒ Delete

TITLE TR
NAME HORSLEY, TIP
STREET ADDRESS 439 ORIANNA DR
CITY- ST- ZIP SPRING HILL FL 34609 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE RI ☐ Change ☒ Addition
NAME Gary Finch
STREET ADDRESS 16102 Caldwell Ln
CITY- ST- ZIP SpringHill, FL 34610

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

TITLE ST ☐ Change ☒ Addition
NAME Sharon Vieland
STREET ADDRESS PO BOX 11256
CITY- ST- ZIP SpringHill, FL 34610

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

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

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 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: X

Gary D. Finch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR