

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28358

FILED
Apr 22, 2009
Secretary of State

Entity Name: BARTLEY TEMPLE UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

1936 NE 8TH AVE
GAINESVILLE, FL 326414788 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 5755
GAINESVILLE, FL 326275755 US

New Mailing Address:

FEI Number: 59-2335194

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHISHOLM, MARION
1936 NE 8TH AVENUE
GAINESVILLE, FL 32641 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: P/T () Delete
Name: CHISHOLM, MARION MR
Address: 3434 NW 22ND DRIVE
City-St-Zip: GAINESVILLE, FL 32605

Title: S/T () Delete
Name: CROWELL, ANN MS
Address: 3407 SE 16TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601

Title: V/T () Delete
Name: MILES, EDWARD MR
Address: 2410 NE 12TH AVENUE
City-St-Zip: GAINESVILLE, FL 32641

Title: D () Delete
Name: STRONG, ELIJAH O MR
Address: 14504 NW 43RD PLACE
City-St-Zip: NEWBERRY, FL 32669

Title: D () Delete
Name: WILLIAMS, HERMAN MR
Address: 823 NE 25TH TERR
City-St-Zip: GAINESVILLE, FL 32641

Title: D () Delete
Name: MAYES, ELDORA MS
Address: 2239 NE 7TH AVENUE
City-St-Zip: GAINESVILLE, FL 32641

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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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: MARION CHISHOLM

TRUS

04/22/2009

Electronic Signature of Signing Officer or Director

Date