

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 16, 2009
Secretary of State**

DOCUMENT# N30026

Entity Name: ANTHONY UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

2936 NE 97TH PLACE
P. O. BOX 96
ANTHONY, FL 32617

New Principal Place of Business:

2936 NE 97TH STREET ROAD
P. O. BOX 96
ANTHONY, FL 32617

Current Mailing Address:

2936 NE 97TH PLACE
P. O. BOX 96
ANTHONY, FL 32617

New Mailing Address:

P. O. BOX 96
ANTHONY, FL 32617

FEI Number: 59-3415644 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIPLETT, JAMES E
4655 NW 23RD CT
OCALA, FL 34479 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: PD () Delete
Name: TRIPLETT, JAMES
Address: 4655 NE 23RD CT
City-St-Zip: Ocala, FL 34479

Title: V () Delete
Name: CYR, WALTER
Address: 10300 NE JAX RD
City-St-Zip: ANTHONY, FL 32617

Title: D () Delete
Name: VANDOREN, GARY
Address: 11532 NW GAINSEVILLE RD
City-St-Zip: LOWELL, FL 326630101

Title: D () Delete
Name: KUNZ, AL
Address: 10850 NE HWY 315
City-St-Zip: FORT MC COY, FL 32134

Title: D () Delete
Name: WILLIAMS, CHARLOTTE
Address: 9980 NE 23RD CT
City-St-Zip: ANTHONY, FL 32617

Title: D () Delete
Name: SHORT, BOOKER
Address: 4325 NE 21ST ST
City-St-Zip: Ocala, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: CYR, WALTER
Address: 10300 NE JAX RD
City-St-Zip: ANTHONY, FL 32617

Title: D (X) Change () Addition
Name: VANDOREN, GARY
Address: 488 WATER WAY
City-St-Zip: Ocala, FL 34472

Title: () Change () Addition
Name:
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: WALTER L CYR

VD

04/16/2009

Electronic Signature of Signing Officer or Director

Date