2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31523

FILED Jan 12, 2009 Secretary of State

Entity Name: TALLAHASSEE HEIGHTS UNITED METHODIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 3004 MAHAN DR TALLAHASSEE, FL 323085506 **Current Mailing Address: New Mailing Address:** 3004 MAHAN DR TALLAHASSEE, FL 323085506 FEI Number: 59-1821518 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COLE, TERRY 3004 MAHAN DR TALLAHASSEE, FL 32308 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SAXON, JUSTINE Name: Name: 1154 GOVERNORS CT PLACE Address: Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: Title: () Delete (X) Change () Addition SZIGETI, ALEX Name: NEAL, VIC Name: Address: 716 VIOLET STREET Address: 1777 RIVERBIRCH HOLLOW City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32308 Title: () Delete Title: () Change () Addition GLASS, WALTER Name: Name: 1294 CORDOVA CIRCLE Address: Address: City-St-Zip: TALLAHASSEE, FL 32317 City-St-Zip: Title: () Delete Title: (X) Change () Addition MIDDLETON, BRIAN Name: Name: PHILLIPS, SONNY 4350 MAYLOR ROAD Address: 2832 CAREY LN Address: City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32308 Title: () Delete Title: () Change () Addition NELSON, JOANN Name: Name: 1952 RAYMOND TUCKER ROAD Address: Address: City-St-Zip: TALLAHASSEE, FL 32311 City-St-Zip: Title: () Delete Title: (X) Change () Addition PEODICORD, ERIC PEDDICORD, ERIC Name: Name: Address: 2079 TAYLOR RD Address: 2079 TAYLOR RD TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308 City-St-Zip: 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: JUSTINE M SAXON CHRM 01/12/2009