

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90377 027 ****61.25

DOCUMENT # N33613 1. Entity Name HERNANDO UNITED METHODIST CHURCH, INC.					
Principal Place of Business 2125 E. NORVELL BRYANT HIGHWAY HERNANDO, FL 34442-2970 US			Mailing Address 2125 E. NORVELL BRYANT HIGHWAY HERNANDO, FL 34442-2970 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2922751	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROUNTREE, BETTY A 2125 E. NORVELL BRYANT HWY HERNANDO, FL 34442-2970			7. Name and Address of New Registered Agent Name COCHRAN, WALTON Street Address (P.O. Box Number is Not Acceptable) 2125 E NORVELL BRYANT HWY City HERNANDO FL Zip Code 34442		
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 <u>Walter W. Cochran</u> DATE <u>2/20/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	CD CLARK, HARLAND 1317 N. NASHUA TERRACE INVERNESS, FL 344539545	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GREENWAY, SANDRA D. 1629 N CROOKED BANCH DR LELANDO, FL 34461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC/D GILL, THOMAS 2400 FOREST DR, UNIT 107 INVERNESS, FL 344533704	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	HIGH, RICHARD VC/D HIGH, RICHARD D 3429 N SUNRISE PATH BEVERLY HILLS, FL 34465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLBEK, HENRIETTA 550 N INDEPENDENCE HWY, UNIT #63 INVERNESS, FL 344531677	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SID RECKLES, PATRICIA 1775 N NEW PT HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELTON, ANTOINETTE 8295 E TURNER CAMP RD INVERNESS, FL 344531702	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D ROUNTREE, CARL T 7053 W COPENHAGEN ST DUNNELLON, FL 344335410	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D ASHCROFT, SANDY 3924 E ARBOR LAKES DR HERNANDO, FL 344425506	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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: Sandra D. Greenway <i>Sandra D. Greenway</i> 02-19-07 352-746-2210 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					