

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35869

FILED
May 01, 2009
Secretary of State

Entity Name: ST. JOHNS OF COTTON PLANT UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

12390 CTY. RD. 328 N.W.
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

12390 CTY RD 328 N.W.
OCALA, FL 34482

New Mailing Address:

FEI Number: 59-2988197 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ISADORE, VERGE
12390 CTY ROAD 328 NW
OCALA, FL 34482 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: TD () Delete
Name: STORMANT, MARY ELLA
Address: 655 SW 125TH AVE.
City-St-Zip: OCALA, FL 344811217

Title: D () Delete
Name: PETER BRADBURY
Address: 18 LAKE VIEW DR
City-St-Zip: OCALA, FL

Title: CD () Delete
Name: ISADORE, VERGE
Address: 7730 SW 10TH STREET
City-St-Zip: OCALA, FL 34474

Title: S () Delete
Name: RITZER, ELAINE
Address: 11485 NW 11TH PLACE
City-St-Zip: OCALA, FL 344823733

Title: D () Delete
Name: RICHARD WILLIAMSON
Address: 11575 NW 15TH LANE
City-St-Zip: OCALA, FL

Title: D () Delete
Name: STORMANT, CARL E
Address: 655 SW 125TH AVE
City-St-Zip: OCALA, FL 344811217

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: ISADORE VERGE

MR

05/01/2009

Electronic Signature of Signing Officer or Director

Date