2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36314

FILED Mar 20, 2007 Secretary of State

Entity Name: UNITED METHODIST MEN OF GULF COVE, INC.

Current Principal Place of Business: New Principal Place of Business:

1100 MCCALL RD

PT CHARLOTTE, FL 33981 US

Current Mailing Address: New Mailing Address:

1100 MCCALL RD

PT CHARLOTTE, FL 33981 US

FEI Number: 65-0256388 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:

SHROUT, RIP

MILLS, JOHN H TREASUR

7004 SEA MIST DR

14444 NEWCOMB RD 7084 SEA MIST DR

PORT CHARLOTTE, FL 33953 US PORT CHARLOTTE, FL 33981 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: JOHN H MILLS 03/20/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Delete Title: () Change() Addition

 Name:
 SHROUT, RIP
 Name:

 Address:
 14444 NEWCOMB RD
 Address:

 City-St-Zip:
 PORT CHARLOTTE, FL 33953
 City-St-Zip:

Title: VPT () Delete Title: PRES (X) Change () Addition Name: GARAFOLO, ART Name: GARAFOLO, ART PRESIDE Address: 4192 HOBEIN ST Address: 4192 HOBEIN ST

City-St-Zip: PORT CHARLOTTE, FL 33981 City-St-Zip: PORT CHARLOTTE, FL 33981

Title: T () Delete Title: TREA (X) Change () Addition Name: MILLS, JOHN H TREASUR Address: 7084 SEA MIST DR Address: 7084 SEA MIST DR

City-St-Zip: PORT CHARLOTTE, FL 33981 City-St-Zip: PORT CHARLOTTE, FL 33981

Title: () Delete Title: SECT (X) Change () Addition Name: EBERLY, ROGER Name: EBERLY, ROGER SECRETA Address: 7599 VAN LAKE DR Address: 7599 VAN LAKE DR City-St-Zip: ENGLEWOOD, FL 34224 City-St-Zip: ENGLEWOOD, FL 34224

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN H MILLS TREA 03/20/2007