2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N38021

FILED Mar 27, 2008 8:00 am Secretary of State

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HIGHLANDS UNITED METHODIST CHURCH, INC.							Anni	52511 <i>1</i> 1				
Principal Place of Business 1955 BROWARD ROAD JACKSONVILLE, FL 32218			1955	Mailing Address 1955 BROWARD ROAD JACKSONVILLE, FL 32218								
2. Principal Place of Business - No PO Box #			1	3. Mailing Address 10421 Biscayne Blvd.								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02212008	Chg-NP	CR2E	037 (12/06)		
City & State				City & State Jacksonville, Florida				4. FEI Number 59-1853				plied For t Applicable
Zip		Country .	Zip 322	18	Cou	intry		5. Certificate o			\$8.75 Add Fee Require	
6. Name and Address of Current Register				d Agent		Name		7. Name and	Address of Ne	w Registered	Agent	
MCCANN, WILLIAM S 7664 LAURA ST. N. JACKSONVILLE, FL 32208						Street Ac	Talbott, Joanne et Address (P.O. Box Number is Not Acceptable) 14112 Ridgewick Dr.					
								ksonville FL 32218				
	a named entity sul tions of registered	brnits this statement for agent.	r the purpo	ose of changing its	registere	ed office or	register	ed agent, or both	n, in the State o	f Florida. I an	n familiar with,	and accept
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SIGNATURE .	Signature, typed or on	nted name of registered agent	and title f app		ANN E: Registere		ne required	when reinstating)		DATE	708	
SIGNATURE .	Signature, wood or on Filling Fee is Due by May	s \$61.25	and title if app.		npaign F	id Agent signatu		\$5.00 May Be Added to Fees	, F		ck payable to	
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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:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Daviere Proce