2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38021

FILED Apr 15, 2009 Secretary of State

Entity Name: HIGHLANDS UNITED METHODIST CHURCH, INC.

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

1955 BROWARD ROAD JACKSONVILLE, FL 32218

Current Mailing Address: New Mailing Address:

10421 BISCAYNE BLVD JACKSONVILLE, FL 32218

FEI Number: 59-1853866 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:

TALBOTT, JOANNE 14112 RIDGEWICK DR JACKSONVILLE, FL 32218 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:

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

 Name:
 SHAFER, MARJORIE
 Name:
 WALTHER, KATHY

 Address:
 14983 CAPE FOREST TRAIL
 Address:
 11515 HARLAN DR

 City-St-Zip:
 JACKSONVILLE, FL 32226
 City-St-Zip:
 JACKSONVILLE, FL 32218

Title: P () Delete Title: () Change () Addition

 Name:
 TOLBOTT, JOANNE
 Name:

 Address:
 14112 RIDGEWICK DR
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32218
 City-St-Zip:

 $\label{eq:title:C} {\sf Title:} \qquad {\sf C} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf C} \qquad {\sf (X) Change () Addition}$

 Name:
 THOMPSON, DAVID
 Name:
 MATHEWS, RAY

 Address:
 7848 LAURA ST
 Address:
 10721 OGALLA AVE.

 City-St-Zip:
 JACKSONVILLE, FL 32208
 City-St-Zip:
 JACKSONVILLE, FL 32219

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: JOANNE TALBOTT P 04/15/2009