

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42929

FILED  
Jul 08, 2008  
Secretary of State

**Entity Name:** UNIVERSITY CARILLON UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business:**

1395 CAMPUSVIEW CT  
OVIEDO, FL 32765 US

**New Principal Place of Business:**

1395 CAMPUS VIEW CT  
OVIEDO, FL 32765 US

**Current Mailing Address:**

1395 CAMPUSVIEW CT  
OVIEDO, FL 32765 US

**New Mailing Address:**

1395 CAMPUS VIEW CT  
OVIEDO, FL 32765 US

**FEI Number:** 65-0210030 **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:**

AMRHEIN, STEVEN J  
1395 CAMPUSVIEW CT  
OVIEDO, FL 32765 US

**Name and Address of New Registered Agent:**

AMRHEIN, STEVEN J  
1395 CAMPUS VIEW CT  
OVIEDO, FL 32765 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:

07/08/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DEBELLES, GERRY  
Address: 3799 CHARLESTON LOOP  
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete  
Name: AMRHEIN, STEVEN J  
Address: 2198 BLOSSONWOOD DR  
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete  
Name: DUNN, PERRY  
Address: 14532 GAINESBOROUGH DRIVE  
City-St-Zip: ORLANDO, FL 32826

Title: T ( ) Delete  
Name: HOWARD, STEVE  
Address: 745 KENTSTOWN COURT  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D ( ) Delete  
Name: GRIFFIN, CHAD  
Address: 13827 RIVERPATH GROVE DR  
City-St-Zip: ORLANDO, FL 32826

Title: D ( ) Delete  
Name: SLOAN, WILLIAM  
Address: 3535 OLD LOCKWOOD RD  
City-St-Zip: OVIEDO, FL 32765

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: THOMPSON, MARK  
Address: 2435 JUNE OAK COURT  
City-St-Zip: OVIEDO, FL 32766

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  
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: STEVE HOWARD

T

07/08/2008

Electronic Signature of Signing Officer or Director

Date