

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42929

FILED
Jun 17, 2009
Secretary of State

Entity Name: UNIVERSITY CARILLON UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

1395 CAMPUS VIEW CT
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

1395 CAMPUS VIEW CT
OVIEDO, FL 32765 US

New Mailing Address:

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 CAMPUS VIEW CT
OVIEDO, FL 32765 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: P () Delete
Name: THOMPSON, MARK
Address: 2435 JUNE OAK COURT
City-St-Zip: OVIEDO, FL 32766

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PLOWFIELD, ROBERT L
Address: 2949 ASHTON TERRACE
City-St-Zip: OVIEDO, FL 32765

Title: D (X) Change () Addition
Name: BRUCE, KAVENAGH
Address: 720 BENTLEY STREET
City-St-Zip: OVIEDO, FL 32765

Title: T (X) Change () Addition
Name: HOWARD, STEVE
Address: 629 EVENING SKY DRIVE
City-St-Zip: OVIEDO, FL 32765

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

06/17/2009

Electronic Signature of Signing Officer or Director

Date