

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42929

**FILED**  
**Apr 20, 2010**  
**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 ( )**

**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: MR  
Name: HAL, KLOPFER  
Address: 338 RALIEGH PLACE  
City-St-Zip: OVIEDO, FL 32766

Title: MR.  
Name: PLOWFIELD, ROBERT L  
Address: 2949 ASHTON TERRACE  
City-St-Zip: OVIEDO, FL 32765

Title: MR.  
Name: BRUCE, KAVENAGH  
Address: 720 BENTLEY STREET  
City-St-Zip: OVIEDO, FL 32765

Title: MR.D  
Name: HOWARD, STEVE  
Address: 629 EVENING SKY DRIVE  
City-St-Zip: OVIEDO, FL 32765

I hereby 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 all other like empowered.

SIGNATURE: HAL KLOPFER

MR

04/20/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date