

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47053

FILED
Jan 27, 2009
Secretary of State

Entity Name: DAVENPORT UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

3 NORTH SUWANNEE AVENUE
P.O. BOX 145
DAVENPORT, FL 33837 US

New Principal Place of Business:

3 NORTH SUWANNEE AVENUE
DAVENPORT, FL 33837 US

Current Mailing Address:

PO BOX 145
DAVENPORT, FL 33836

New Mailing Address:

FEI Number: 59-6141889 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RHODES, PAMELA
3 NORTH SUWANNEE AVE
DAVENPORT, FL 33836 US

Name and Address of New Registered Agent:

ANDERSON, JOYCE
3 NORTH SUWANNEE AVE
DAVENPORT, FL 33836 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: JOYCE ANDERSON

01/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TC () Delete
Name: PATRICK, JAMES
Address: 469 BENT OAK LOOP
City-St-Zip: DAVENPORT, FL 33837

Title: T () Delete
Name: HUFF, BILL
Address: 180 SUNRIDGE WOODS CT
City-St-Zip: DAVENPORT, FL 33837

Title: T () Delete
Name: ANDERSON, JOYCE
Address: 601 CENTER CREST BLVD
City-St-Zip: DAVENPORT, FL 33837

Title: TS () Delete
Name: CHRISTENSON, JAMES
Address: 3060 HWY 17-92 LOT 111
City-St-Zip: HAINES CITY, FL 33841

Title: T () Delete
Name: MAXFIELD, MARK
Address: 2871 POWERLINE RD
City-St-Zip: HAINES CITY, FL 33844

Title: T () Delete
Name: CALLENDER, GEORGE
Address: 825 CENTER CREST BLVD
City-St-Zip: DAVENPORT, FL 33837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TS (X) Change () Addition
Name: HUFF, BILL
Address: 180 SUNRIDGE WOODS CT
City-St-Zip: DAVENPORT, FL 33837

Title: TT (X) Change () Addition
Name: ANDERSON, JOYCE
Address: 601 CENTER CREST BLVD
City-St-Zip: DAVENPORT, FL 33837

Title: T (X) Change () Addition
Name: PARRISH, LARRY
Address: 304 GOLF VISTA CIRCLE
City-St-Zip: DAVENPORT, FL 33837

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

Title: T (X) Change () Addition
Name: MCMULLEN, HARRY
Address: 66 STRAPHMORE
City-St-Zip: HAINES CITY, FL 33844

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: JOYCE ANDERSON

T

01/27/2009

Electronic Signature of Signing Officer or Director

Date