2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2009
Secretary of State

DOCUMENT# N48663

Entity Name: CHRIST UNITED METHODIST CHURCH OF SANFORD, INC.

Current Principal Place of Business:

408 TUCKER DR.
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

408 TUCKER DR.
SANFORD, FL 32773

New Mailing Address:

FEI Number: 59-3136700 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VOSS, PATRICIA K MRS.
145 WOOD RIDGE TRAIL
SANFORD, FL 32771 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:	CD	( ) Delete
Name:	KORGAN, MICHAEL E MR.	
Address:	8266 EMERALD FOREST COURT	
City-St-Zip:	SANFORD, FL 32771	
Title:	T	( ) Delete
Name:	MURRAY, MARY	
Address:	2936 GOLDEN BIRCH LANE	
City-St-Zip:	LONGWOOD, FL 32750	
Title:	PD	(X) Delete
Name:	SPRAGUE, PATRICIA	
Address:	109 WAITS DR	
City-St-Zip:	SANFORD, FL 32773	
Title:	SD	( ) Delete
Name:	VOSS, PATRICIA K MRS.	
Address:	145 WOOD RIDGE TRAIL	
City-St-Zip:	SANFORD, FL 32771	
Title:	DP	( ) Delete
Name:	LEWIS, DICK	
Address:	300 W. AIRPORT BLVD	
City-St-Zip:	SANFORD, FL 32773	
Title:	CD	( ) Delete
Name:	JOHNSON, HAZEL	
Address:	407 TUCKER DR	
City-St-Zip:	SANFORD, FL 32773	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	CD	(X) Change ( ) Addition
Name:	LONG, WILLIAM MR.	
Address:	5751 AUTUMN CHASE CIRCLE	
City-St-Zip:	SANFORD, FL 32773	
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: PATRICIA K. VOSS SD 04/11/2009

Electronic Signature of Signing Officer or Director — Date