

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # N49586

1. Entity Name
TERRA CEIA UNITED METHODIST CHURCH INC.



Principal Place of Business
**599 KAY HUBBARD ROAD
TERRA CEIA, FL 34250**

Mailing Address
**POB 141
TERRACEIA, FL 34250 US**

DO NOT WRITE IN THIS SPACE



01222008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0346890	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LEVAN, ANITA
5008-B 19 ST. WEST
BRADENTON, FL 34207**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARNER, LARRY 5700 BAYSHORE RD # 320 PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENT, LEWIS P.O. BOX 360 TERRA CEIA, FL 34250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVAN, ANITA 5008-B 19TH STREET WEST BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TILLET, VERA PO BOX 292 TERRA CEIA, FL 34250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/01/08-80007-013 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Larry Warner **LARRY WARNER** 4/13/08 941-722-7412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #