

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000769

FILED
Feb 24, 2009
Secretary of State

Entity Name: THE NOCATEE UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

P.O. BOX 393
NOCATEE, FL 34268 US

New Principal Place of Business:

4802 SW WELLES AV
NOCATEE, FL 34268 US

Current Mailing Address:

P.O. BOX 393
NOCATEE, FL 34268 US

New Mailing Address:

FEI Number: 65-0393818 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PITTS, FRANCIS
628 W. EFFIE STREET
ARCADIA, FL 34266 US

Name and Address of New Registered Agent:

KIERGAARD, LARRY
7820 GOLF BLVD
ZOLFO SPRINGS, FL 33890 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: LARRY KIERGAARD

02/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: PITTS, FRANCIS
Address: 628 W. EFFIE STREET
City-St-Zip: ARCADIA, FL 34266

Title: T () Delete
Name: LOFLIN, RONALD
Address: 720 PARKVIEW RD
City-St-Zip: ARCADIA, FL 34266

Title: T () Delete
Name: KINNAMAN, SHARON
Address: 2978 SE CREEKWOOD TERRACE
City-St-Zip: ARCADIA, FL 34266

Title: T () Delete
Name: WIENS, AL
Address: 2692 NE HWY 11
City-St-Zip: ARCADIA, FL 34266

Title: LL/S (X) Delete
Name: PITTS, NANCY
Address: 628 W. EFFIE STREET
City-St-Zip: ARCADIA, FL 34266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: KIERGAARD, LARRY
Address: 7820 GOLF BLVD
City-St-Zip: ZOLPHO SPRINGS, FL 34890

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

Title: T (X) Change () Addition
Name: DUFF, JUDITH
Address: 2692 NE HWY 70 #44
City-St-Zip: ARCADIA, FL 34266

Title: T/LL (X) Change () Addition
Name: FITZGERALD, HARLAND
Address: 4810 NW HWY 70 #113
City-St-Zip: ARCADIA, FL 34266

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: RONALD G. LOFLIN

TREA

02/24/2009

Electronic Signature of Signing Officer or Director

Date