

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000893

FILED
Jun 16, 2009
Secretary of State

Entity Name: CORK UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

4815 WEST SAM ALLEN RD.
PLANT CITY, FL 33565

New Principal Place of Business:

Current Mailing Address:

4815 WEST SAM ALLEN RD.
PLANT CITY, FL 33565

New Mailing Address:

FEI Number: 59-2928393 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BAHR, BARRY D
4815 W. SAM ALLEN RD.
PLANT CITY, FL 33565 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: T () Delete
Name: DER, DENNIS
Address: 3114 N. CHITTY RD
City-St-Zip: PLANT CITY, FL 33565

Title: T () Delete
Name: NORRIS, LAURA
Address: 12901 MC INTOSH RD
City-St-Zip: THONOTOSASSA, FL 33592

Title: T () Delete
Name: KIRKLAND, WILLIS
Address: 3118 N CHITTY RD
City-St-Zip: PLANT CITY, FL

Title: T () Delete
Name: SNOW, AUSTIN
Address: 3201 YOUNG ROAD
City-St-Zip: PLANT CITY, FL 33565

Title: T () Delete
Name: JOHNSON, JOHNNY
Address: 2425 HAWK GRIFFIN RD.
City-St-Zip: PLANT CITY, FL 33565

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: BEABOUT, JIM
Address: 906 N. MERRIN ST.
City-St-Zip: PLANT CITY, FL 33563

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: TRUS () Change (X) Addition
Name: PIERCE, SCOTT
Address: 3204 FRITZKE RD.
City-St-Zip: DOVER, FL 33527

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: JOHNNY JOHNSON

TRUS

06/16/2009

Electronic Signature of Signing Officer or Director

Date