

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000893

FILED
Jun 08, 2011
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)

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
Name: ZOGRAFOS, BOB
Address: 3531 KEENE RD.
City-St-Zip: PLANT CITY, FL 33565

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

Title: T
Name: GLISSON, MICHAEL
Address: 3011 SPRING HAMMOCK DR.
City-St-Zip: PLANT CITY, FL 33566

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

Title: T
Name: SCHAEFER, KEVIN
Address: 4106 AMANDA DR.
City-St-Zip: PLANT CITY, FL 33565

Title: TRUS
Name: PIERCE, SCOTT
Address: 3204 FRITZKE RD.
City-St-Zip: DOVER, FL 33527

I hereby 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 all other like empowered.

SIGNATURE: BARRY BAHR

REV.

06/08/2011

Electronic Signature of Signing Officer or Director

_____ Date