

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000893

FILED  
Jan 11, 2012  
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: BAILEY, RON  
Address: 912 W. PLATT ST. SUITE 200  
City-St-Zip: TAMPA, FL 33606

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

Title: T  
Name: CHRISTENSEN, CHUCK  
Address: 13607 MCINTOSH RD.  
City-St-Zip: THONOTOSASSA, FL 33592

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

RA

01/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date