

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003943

FILED  
Jan 20, 2009  
Secretary of State

**Entity Name:** NEW HARMONY UNITED METHODIST CHURCH INC.

**Current Principal Place of Business:**

19983 160TH STREET  
LIVE OAK, FL 32060

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1327  
LIVE OAK, FL 32064

**New Mailing Address:**

**FEI Number:** 59-2598275

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AIRTH, HAL A  
112 W HOWARD ST  
LIVE OAK, FL 32064 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: D ( ) Delete  
Name: ANDERS, NORMAN  
Address: 13076 217TH RD  
City-St-Zip: LIVE OAK, FL 32060

Title: D ( ) Delete  
Name: CLAY, MARSHALL  
Address: 15496 N CR 349  
City-St-Zip: LIVE OAK, FL 32060

Title: D ( ) Delete  
Name: LANE, DAVID  
Address: 16525 184TH ST  
City-St-Zip: LIVE OAK, FL 32060

Title: D ( ) Delete  
Name: CLARK, WYATT  
Address: 14062 117TH RD  
City-St-Zip: LIVE OAK, FL 32060

Title: D ( ) Delete  
Name: WEBBER, ROY  
Address: 1327 DEMETREE ST  
City-St-Zip: LIVE OAK, FL 32060

Title: D ( ) Delete  
Name: NOTT, SHIRLEY  
Address: 20310 136TH STREET  
City-St-Zip: LIVE OAK, FL 32060

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: NORMAN ANDERS

DIR

01/20/2009

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

\_\_\_\_\_  
Date