
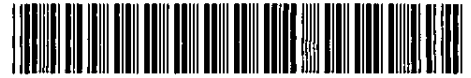


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000003445 1. Entity Name KEY WEST UNITED METHODIST CHURCH, INC.	
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Principal Place of Business 600 EATON STREET KEY WEST FL 33040	Mailing Address 600 EATON STREET KEY WEST FL 33040
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number 65-0491014	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SPOTTSWOOD, WILLIAM B 500 FLEMING STREET KEY WEST FL 33040	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature is required with each filing)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PT TAUSCHE, ED	
NAME	1506 SOUTH ST	
STREET ADDRESS	KEY WEST FL 33040	
CITY-ST-ZIP		
TITLE	T MICHAUD, CYNTHIA	<input type="checkbox"/> Delete
NAME	3609 NORTHSIDE COURT	
STREET ADDRESS	KEY WEST FL 33040	
CITY-ST-ZIP		
TITLE	T FRAGA, DAVID	<input type="checkbox"/> Delete
NAME	1109 17TH ST	
STREET ADDRESS	KEY WEST FL 33040	
CITY-ST-ZIP		
TITLE	ST GIBSON, PATRICIA J	<input type="checkbox"/> Delete
NAME	2603 FOGARTY AVENUE	
STREET ADDRESS	KEY WEST FL 33040	
CITY-ST-ZIP		
TITLE	T CAUSLEY, MARY ANN	<input type="checkbox"/> Delete
NAME	1511 18TH TERRACE	
STREET ADDRESS	KEY WEST FL 33040	
CITY-ST-ZIP		
TITLE	T YARBROUGH, WALTER	<input type="checkbox"/> Delete
NAME	22946 BLUEGILL LA	
STREET ADDRESS	CUDJOE KEY FL 33042	
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		
NAME		
STREET ADDRESS	000000835377	
CITY-ST-ZIP	02/29/08-80033-013 61.25	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other names covered.

SIGNATURE: *Juan C. Dominguez, Ph.D. - FINANCE*

1-31-08