

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003445

FILED
Jan 26, 2009
Secretary of State

Entity Name: KEY WEST UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

600 EATON STREET
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

600 EATON STREET
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 65-0491014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPOTTSWOOD, WILLIAM B
500 FLEMING STREET
KEY WEST, FL 33040 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: PT () Delete
Name: TAUSCHE, ED
Address: 1506 SOUTH ST
City-St-Zip: KEY WEST, FL 33040

Title: T () Delete
Name: MICHAUD, CYNTHIA
Address: 3609 NORTHSIDE COURT
City-St-Zip: KEY WEST, FL 33040

Title: T () Delete
Name: FRAGA, DAVID
Address: 1109 17TH ST
City-St-Zip: KEY WEST, FL 33040

Title: ST () Delete
Name: GIBSON, PATRICIA J
Address: 2603 FOGARTY AVENUE
City-St-Zip: KEY WEST, FL 33040

Title: T () Delete
Name: CAUSLEY, MARY ANN
Address: 1511 18TH TERRACE
City-St-Zip: KEY WEST, FL 33040

Title: T () Delete
Name: YARBROUGH, WALTER
Address: 22946 BLUEGILL LA
City-St-Zip: CUDJOE KEY, FL 33042

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: ST (X) Change () Addition
Name: GARDNER, MARGUERITE
Address: P.O. BOX 1833
City-St-Zip: KEY WEST, FL 33041

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: MARGUERITE GARDNER

ST

01/26/2009

Electronic Signature of Signing Officer or Director

Date