2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N9400005277

1. Entity Name
MAE EDWARDS MEMORIAL UNITED METHODIST



FILED Jan 14, 2008 8:00 am Secretary of State

01-14-2008 90101 033 ****61.25

CHURCH	I, INC.					7				
5052 MULAT ROAD 509			Mailing Address 5052 MULAT ROAD MILTON, FL 32583	5052 MULAT ROAD						
Principal Place of Business - No P.O. Box # 3. Mailing Address						_				
2. Fillippa Fiace of Business - 140 F.C. Box #			S. Hamily radioss				IMILI MI zel Ad iri Ma ril Mi	DOIS MINTER MINTEN MAIN	ID (1861) (M#41 186	IITEL MI INKI
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01092008	Chg-NP	CR2E03	7 (12/06)	
City & State			City & State			4. FEI Numbe 59-2441				optied For ot Applicable
Zip	p Country		. Zip Cou		ntry	5. Certificate of Status Desi		ed \$8.75 Additional Fee Required		
	6. Name and Addre	ss of Current Re	gistered Agent			7. Name and	Address of New	Registered A	gent	
BONIFAY, WILLIE M					Name					
6240 GOLIATH ROAD				Street Address (P.O. Box Number i			r is Not Acceptab	le)		
MILTON, F	-L 32583			Ì						
 정신				City	FL Zip Code					
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										and accept
the obligations of registered agent.										
SIGNATURE										
	Signature, typed or printed name	of registered agent and	title if applicable. (NOTE:	Registered	d Agent signature requ	uired when reinstating)		DATE		
Filing Fee Is \$61.25 9. Election Campaign Fi				inancina			Maka abaak			
						\$5.00 May Be		Make check		
	Due by May 1, 20	08	Trust Fund Co	ontributio		Added to Fees	Flo	rida Departi	ment of Si	tate
10.	Due by May 1, 20		Trust Fund Co	11.	on. 🔲	Added to Fees ADDITIONS/CHA	Flo	erida Departi ERS AND DIR	ment of SI	tate
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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 like empowered.

Willie m. Bonifay er Jant SIGNATURE: Willie M. Bonifay, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF BOUNDG OFFICER OR DIRECTOR (850) 983-2282 8, 2008