2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005277

FILED Jan 10, 2009 Secretary of State

Entity Name: MAE EDWARDS MEMORIAL UNITED METHODIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 5052 MULAT ROAD MILTON, FL 32583 **Current Mailing Address: New Mailing Address:** 5052 MULAT ROAD MILTON, FL 32583 FEI Number: 59-2441320 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BONIFAY, WILLIE M 6240 GOLIATH ROAD MILTON, FL 32583 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition MCKAY, DELORES MCKAY, DELORES Name: Name: 3018 25TH AVE Address: 3018 25TH AVE Address: City-St-Zip: MILTON, FL 32583 City-St-Zip: MILTON, FL 32583 Title: TD Title: (X) Change () Addition () Delete BONIFAY, W.M. Name: BARKER, RONALD Name: Address: 6240 GOLIATH RD Address: 5325 GALEWIND COURT City-St-Zip: MILTON, FL 32583 City-St-Zip: MILTON, FL 32583 Title: () Delete Title: (X) Change () Addition DOWLING, PETER MACK, RONNIE Name: Name: 4678 SHADOW OAK DR. 6 6223 GROVE STREET Address: Address: City-St-Zip: PACE, FL 32571 City-St-Zip: MILTON, FL 32583 Title: () Delete Title: () Change () Addition Name: ANDERSON, SHIRLEY Name: Address: 3061 11TH AVE Address: City-St-Zip: MILTON, FL 32583 City-St-Zip: Title: () Delete Title: CD (X) Change () Addition HILLIARD, ROBERT C HILLIARD, ROBERT C Name: Name: 5513 MULAT ROAD 5513 MULAT ROAD Address: Address: City-St-Zip: MILTON, FL 32583 City-St-Zip: MILTON, FL 32583 Title: () Delete Title: () Change () Addition GODWIN, CLYDE Name: Name: Address: 3321 HUDSON BEND Address: MILTON, FL 32583 City-St-Zip: 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: WILLIE M. BONIFAY TRES 01/10/2009