

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005277

FILED  
Jan 06, 2010  
Secretary of State

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

**Current Principal Place of Business:**

5052 MULAT ROAD  
MILTON, FL 32583

**New Principal Place of Business:**

**Current Mailing Address:**

5052 MULAT ROAD  
MILTON, FL 32583

**New Mailing Address:**

**FEI Number:** 59-2441320

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BONIFAY, WILLIE M  
6240 GOLIATH ROAD  
MILTON, FL 32583 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  
Name: MADDOX, TERRI  
Address: 2700 DELUNA WAY  
City-St-Zip: MILTON, FL 32583

Title: D  
Name: BARKER, RONNIE  
Address: 5325 GALEWIND COURT  
City-St-Zip: MILTON, FL 32583

Title: D  
Name: MARKEL, SCOTT A  
Address: 3535 COUNTRY VIEW LANE  
City-St-Zip: MILTON, FL 32583

Title: D  
Name: ANDERSON, SHIRLEY  
Address: 3061 11TH AVE  
City-St-Zip: MILTON, FL 32583

Title: CD  
Name: BONIFAY, WILLIE M  
Address: 6240 GOLIATH ROAD  
City-St-Zip: MILTON, FL 32583

Title: D  
Name: GODWIN, CLYDE  
Address: 3321 HUDSON BEND  
City-St-Zip: MILTON, FL 32583

I hereby 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 all other like empowered.

SIGNATURE: WILLIE M. BONIFAY

CD

01/06/2010

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

\_\_\_\_\_  
Date