


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008 8:00 am
Secretary of State

07-07-2008 90001 022 ****61.25

DOCUMENT # N95000000644 1. Entity Name RAINBOW LAKES UNITED METHODIST CHURCH INC.					
Principal Place of Business 19656 SW BEACH BLVD. DUNNELLON, FL 34431			Mailing Address 19656 SW BEACH BLVD. DUNNELLON, FL 34431		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2156231	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HENION, ROBIN R 21280 SW MARINE BLVD DUNNELLON, FL 34431				7. Name and Address of New Registered Agent Name GENTRY, ROBERT Street Address (P.O. Box Number is Not Acceptable) 3675 SW POMPANO City DUNNELLON FL Zip Code 34431	
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 <u><i>Robert G. Gentry</i></u> ROBERT G. GENTRY, TREASURER 07/07/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GENTRY, ROBERT 3675 SW POMPANO DUNNELLON, FL 34431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GENTRY, ROBERT 3675 SW POMPANO RD. DUNNELLON, FL 34431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOWREY, MARGARET 10775 SW 186 CIR. DUNNELLON, FL 34432	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOWREY, CHARLES 10775 SW 186 CIRCLE DUNNELLON, FL 34432	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HENION, ROBIN 21280 SW MARINE BLVD DUNNELLON, FL 34431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HENION, ROBIN 21280 SW MARINE BLVD DUNNELLON, FL 34431	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOWREY, MARGARET 10775 SW 186 CIR. DUNNELLON, FL 34432	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOWREY, CHARLES 10775 SW 186 CIRCLE DUNNELLON, FL 34432	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
SIGNATURE: <u><i>Robert G. Gentry</i></u> ROBERT G. GENTRY 352-489-0076 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					