

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000644

FILED
Aug 25, 2009
Secretary of State

Entity Name: RAINBOW LAKES UNITED METHODIST CHURCH INC.

Current Principal Place of Business:

19656 SW BEACH BLVD.
DUNNELLON, FL 34431

New Principal Place of Business:

Current Mailing Address:

19656 SW BEACH BLVD.
DUNNELLON, FL 34431

New Mailing Address:

FEI Number: 59-2156231 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GENTRY, ROBERT
3675 SW POMPANO
DUNNELLON, FL 34431 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: TD () Delete
Name: GENTRY, ROBERT
Address: 3675 SW POMPANO
City-St-Zip: DUNNELLON, FL 34431

Title: D () Delete
Name: MOWREY, MARGARET
Address: 10775 SW 186 CIR.
City-St-Zip: DUNNELLON, FL 34432

Title: D () Delete
Name: MOWREY, CHARLES
Address: 10775 SW 186 CIRCLE
City-St-Zip: DUNNELLON, FL 34432

Title: CD () Delete
Name: HENION, ROBIN
Address: 21280 SW MARINE BLVD
City-St-Zip: DUNNELLON, FL 34431

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: () 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: ROBIN R. HENION

FINA

08/25/2009

Electronic Signature of Signing Officer or Director

Date