

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004360

FILED
Apr 23, 2009
Secretary of State

Entity Name: FLEMING ISLAND UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

7170 U.S. 17 SOUTH
GREEN COVE SPIRNGS, FL 32043

New Principal Place of Business:

7170 U.S. 17 SOUTH
FLEMING ISLAND, FL 32003

Current Mailing Address:

7170 U.S. 17 SOUTH
GREEN COVE SPIRNGS, FL 32043

New Mailing Address:

7170 U.S. 17 SOUTH
FLEMING ISLAND, FL 32003

FEI Number: 59-3298525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARNER, CAROLYN
4132 SAN SERVERA DR S.
JACKSONVILLE, FL 32217 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: V () Delete
Name: MARTINKO, GUY
Address: 2415 GOLDEN BELL LN.
City-St-Zip: ORANGE PARK, FL 32003

Title: T () Delete
Name: BRASHEAR, KAREN
Address: 1644 ROYAL FORM LANE
City-St-Zip: ORANGE PARK, FL 32003

Title: CT () Delete
Name: GARNER, CAROLYN
Address: 4132 SAN SERVERA DR S.
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: PERRY, KURT E
Address: 5414 APPLEWOOD CT
City-St-Zip: FLEMING ISLAND, FL 32003

Title: T (X) Change () Addition
Name: BRASHEAR, KAREN
Address: 1644 ROYAL FORM LANE
City-St-Zip: FLEMING ISLAND, FL 32003

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: CAROLYN GARNER

CT

04/23/2009

Electronic Signature of Signing Officer or Director

Date