

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000375

FILED
May 19, 2009
Secretary of State

Entity Name: WACISSA UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

14492 WAUKENNAH HWY.
MONTICELLO, FL 32344

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 411
WACISSA, FL 32361

New Mailing Address:

FEI Number: 59-2926850 **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:

Name and Address of New Registered Agent:

WALKER, BUTLER
201 TOM JOHN RD.
MONTICELLO, FL 32344 US

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: PT () Delete
Name: SNIPES, GARY
Address: 1082 TRAM RD.
City-St-Zip: WACISSA, FL 32361

Title: VT () Delete
Name: WALKER, BUTLER
Address: 201 TOM JOHN RD.
City-St-Zip: MONTICELLO, FL 32344

Title: ST () Delete
Name: MALOY, BETSY
Address: 550 S. WAUKEENAH ST.
City-St-Zip: MONTICELLO, FL 32344

Title: T () Delete
Name: BOLAND, BARBARA
Address: 208 WILLIAM FLOYD RD.
City-St-Zip: LAMONT, FL 32336

Title: T () Delete
Name: GREENE, DANA
Address: 13190 WAUKEENAH RD.
City-St-Zip: MONTICELLO, FL 32344

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:

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: DANA W. GREENE

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05/19/2009

Electronic Signature of Signing Officer or Director

Date