

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000375

FILED  
Jun 12, 2012  
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 ( )**

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

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

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

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

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

Title: T  
Name: CONRAD, JODI  
Address: 9920 WAUKEENAH HIGHWAY  
City-St-Zip: MONTICELLO, FL 32344

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: JODI CONRAD

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06/12/2012

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

\_\_\_\_\_  
Date