


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2008 8:00 am
Secretary of State

08-12-2008 90025 038 ****61.25

DOCUMENT # N96000003304					
1. Entity Name WILDWOOD UNITED METHODIST CHURCH, INC.					
Principal Place of Business 300 MASON STREET WILDWOOD, FL 34785-4057			Mailing Address 300 MASON STREET WILDWOOD, FL 34785-4057		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3426207	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
THORNTON, RANDALL N 2008 NORTH C-470 LAKE PANASOFFKEE, FL 33538		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BALL, DAN 918 PAMELA STREET WILDWOOD, FL 34785	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SEITTER, DON 1000 MONTEREY LEESBURG, FL 34748	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS COOPER, JULIE 4937 CR 116 WILDWOOD, FL 34785	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHAMBERS, BOB 601 SPANISH MOSS WILDWOOD, FL 34785	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOYERS, CECIL 1024 PALM AVENUE WILDWOOD, FL 34785	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HUNEKE, HELEN 5551 WILLIAMSBURG LANE WILDWOOD, FL 34785	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SEITTER, JUDY 1000 MONTEREY LEESBURG, FL 34748	<input checked="" 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: _____		8/6/08		352-748-1275	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

40113313



08062008 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

ATTACHMENT

DOCUMENT # N96000003304

1. Entity Name

WILDWOOD UNITED METHODIST CHURCH, INC.



Principal Place of Business

300 MASON STREET
WILDWOOD FL 34785-4057

Mailing Address

300 MASON STREET
WILDWOOD FL 34785-4057

40113313

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

59-3426207

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

2nd MOORE

CR2E037 (4/08)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THORNTON, RANDALL N
2008 NORTH C-470
LAKE PANASOFFKEE FL 33538

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 3, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BALL, DAN
STREET ADDRESS 918 PAMELA STREET
CITY-ST-ZIP WILDWOOD FL 34785

TITLE DV ☐ Delete
NAME SEITTER, DON
STREET ADDRESS 1000 MONTEREY
CITY-ST-ZIP LEESBURG FL 34748

TITLE DS ☒ Delete
NAME COOPER, JULIE
STREET ADDRESS 4937 CR 116
CITY-ST-ZIP WILDWOOD FL 34785

TITLE D ☒ Delete
NAME CHAMBERS, BOB
STREET ADDRESS 601 SPANISH MOSS
CITY-ST-ZIP WILDWOOD FL 34785

TITLE D ☐ Delete
NAME MOYERS, CECIL
STREET ADDRESS 1024 PALM AVENUE
CITY-ST-ZIP WILDWOOD FL 34785

TITLE DP ☒ Delete
NAME HUNEKE, HELEN
STREET ADDRESS 5551 WILLIAMSBURG LANE
CITY-ST-ZIP WILDWOOD FL 34785

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DC ☒ Change ☐ Addition
NAME EDWARDS, JESSIE
STREET ADDRESS 10853 SE 178th Street
CITY-ST-ZIP Summerfield, FL 34491

TITLE D ☒ Change ☐ Addition
NAME WINCHESTER, LARRY
STREET ADDRESS 8878 N. US Hwy 301
CITY-ST-ZIP Wildwood, FL 34785

TITLE D ☒ Change ☐ Addition
NAME JACQUETTE, DALE
STREET ADDRESS 504 Palm Ave
CITY-ST-ZIP Wildwood, FL 34785

TITLE D ☒ Change ☐ Addition
NAME RUBY, HOMER "BUD"
STREET ADDRESS 402 S. Timber Trail
CITY-ST-ZIP Wildwood, FL 34785

TITLE D ☒ Change ☐ Addition
NAME WEBBER, ALEEN
STREET ADDRESS 4091 CR 118
CITY-ST-ZIP Wildwood, FL 34785

TITLE D ☒ Change ☐ Addition
NAME BEVILLE, JOHN "GLEN"
STREET ADDRESS 32751 N. Whitney Rd
CITY-ST-ZIP Leesburg, FL 34748

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/6/08