

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003304

FILED  
May 06, 2009  
Secretary of State

**Entity Name:** WILDWOOD UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business:**

300 MASON STREET  
WILDWOOD, FL 347854057

**New Principal Place of Business:**

**Current Mailing Address:**

300 MASON STREET  
WILDWOOD, FL 347854057

**New Mailing Address:**

**FEI Number:** 59-3426207      **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:**

THORNTON, RANDALL N  
2008 NORTH C-470  
LAKE PANASOFFKEE, FL 33538      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: D      ( ) Delete  
Name: BALL, DAN  
Address: 918 PAMELA STREET  
City-St-Zip: WILDWOOD, FL 34785

Title: DV      ( ) Delete  
Name: SEITTER, DON  
Address: 1000 MONTEREY  
City-St-Zip: LEESBURG, FL 34748

Title: S      ( ) Delete  
Name: SEITTER, JUDY  
Address: 1000 MONTEREY  
City-St-Zip: LEESBURG, FL 34748

Title: D      ( ) Delete  
Name: MOYERS, CECIL  
Address: 1024 PALM AVENUE  
City-St-Zip: WILDWOOD, FL 34785

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DC      (X) Change ( ) Addition  
Name: EDWARDS, JESSIE  
Address: 10853 SE 178TH ST  
City-St-Zip: SUMMERFIELD, FL 34491

Title: DV      (X) Change ( ) Addition  
Name: RUBY, HOMER  
Address: 402 S. TIMBER TRAIL  
City-St-Zip: WILDWOOD, FL 34785

Title: S      (X) Change ( ) Addition  
Name: SEITTER, JUDY  
Address: 1000 MONTEREY DR  
City-St-Zip: LEESBURG, FL 34748

Title: T      (X) Change ( ) Addition  
Name: BEVILLE, JOHN G  
Address: 32751 N. WHITNEY RD  
City-St-Zip: LEESBURG, FL 34748

Title: D      ( ) Change (X) Addition  
Name: STUMBORG, MINNIE RUTH  
Address: 4895 CR 134B  
City-St-Zip: WILDWOOD, FL 34785

Title: D      ( ) Change (X) Addition  
Name: WINCHESTER, LARRY  
Address: 8878 N. U.S. HWY 301  
City-St-Zip: WILDWOOD, FL 34785

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: JOHN G BEVILLE

T

05/06/2009

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

\_\_\_\_\_  
Date

N96000003304  
5-6-09**Business to serve as RA****Street Address in Florida**

2008 NORTH C-470

(PO Box not acceptable)

**Suite, Apt. #, etc.****City, State**

LAKE PANASOFFKEE FL

**Zip Code & Country**

33538 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name And Address****Name And Address #7****Title**

D

**Name (Last, First, Middle, Title)**

Gabboury

Larry

- OR -

**Entity Name to serve as Officer/Director****Street Address**

35150 W GRIFFIN DR.

**City, State**

Fruitland Park

FL

**Zip Code & Country**

34731

**Name And Address #8****Title**

D

**Name (Last, First, Middle, Title)**

Tompkins

Jean

- OR -

**Entity Name to serve as Officer/Director****Street Address**

210 Mason St

**City, State**

Wildwood

FL

**Zip Code & Country**

34748

**Name And Address #9****Title**

D

**Name (Last, First, Middle, Title)**

Webber

Allen

- OR -

**Entity Name to serve as Officer/Director**

FROM : Wildwood UMC

FAX NO. : 3527481275

May. 06 2009 05:54PM P3

www.sunbiz.org - Department of State

Page of

N96-3304

Street Address

4691 CR 118

City, State

Wildwood

FL

Zip Code & Country

34748

**Name And Address #1/D**

Title

D

Name (Last, First, Middle, Title)

Moyers

Cecil

- OR -

Entity Name to serve as Officer/Director

Street Address

1024 Palm Ave

City, State

WILDWOOD

FL

Zip Code & Country

34785

**Name And Address #1/I**

Title

D

Name (Last, First, Middle, Title)

Jequette

Dale

- OR -

Entity Name to serve as Officer/Director

Street Address

504 Palm Ave

City, State

Wildwood

FL

Zip Code & Country

34785

**Name And Address #6**

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature