


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000003842</b> 1. Entity Name FLORAHOME UNITED METHODIST CHURCH, INC.	
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Principal Place of Business CORAL FARMS RD., AND MICHIGAN ST FLORAHOME, FL 32140 US	Mailing Address P.O. BOX 238 FLORAHOME, FL 32140 US
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01082008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2504356	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

MARY D. MILLER  
102 SUWANNE DR  
\*\*\*\*\*  
FLORAHOME, FL 32140

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

<b>Filing Fee is \$81.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000896546 04/25/08-00012-007 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARONSON, CHARLES 4850 M LAKE RD KEYSTONE HEIGHTS, FL 32656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DETHLOFFS, GARY 523 WEST HILLSBOROUGH AVE FLORAHOME, FL 32140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ARNETT, SANDY 515 WEST HILLSBOROUGH AVE FLORAHOME, FL 32140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, MARY 102 SUWANEE DR FLORAHOME, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *Sandy Arnett* **4.8.08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #