

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003842

FILED  
Jan 21, 2009  
Secretary of State

Entity Name: FLORAHOME UNITED METHODIST CHURCH, INC.

## Current Principal Place of Business:

CORAL FARMS RD., AND MICHIGAN ST  
FLORAHOME, FL 32140 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 238  
FLORAHOME, FL 32140 US

## New Mailing Address:

CORAL FARMS RD., AND MICHIGAN ST  
FLORAHOME, FL 32140 US

FEI Number: 59-2504356

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MARY D. MILLER  
102 SUWANNE DR  
\*\*\*\*\*  
FLORAHOME, FL 32140 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: P ( ) Delete  
Name: ARONSON, CHARLES  
Address: 4850 M LAKE RD  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: T ( ) Delete  
Name: DETHLOFFS, GARY  
Address: 523 WEST HILLSBOROUGH AVE  
City-St-Zip: FLORAHOME, FL 32140

Title: T ( ) Delete  
Name: ARNETT, SANDY  
Address: 515 WEST HILLSBOROUGH AVE  
City-St-Zip: FLORAHOME, FL 32140

Title: T ( ) Delete  
Name: MILLER, MARY  
Address: 102 SUWANEE DR  
City-St-Zip: FLORAHOME, FL

## 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:

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: SANDY ARNETT

TREA

01/21/2009

Electronic Signature of Signing Officer or Director

Date