

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005899

FILED
Apr 10, 2008
Secretary of State

Entity Name: HOPE UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

HOPE UNITED METHODIST CHURCH
2200 LITTLE RD
NEW PORT RICHEY, FL 34655 US

New Principal Place of Business:

Current Mailing Address:

HOPE UNITED METHODIST CHURCH
2200 LITTLE RD
NEW PORT RICHEY, FL 34655 US

New Mailing Address:

FEI Number: 59-3418336

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNOLD, LEWIS D
2200 LITTLE ROAD
TRINITY, FL 34655 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: WILSON, ROBERT
Address: 1324 OAK MEADOW PT
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: T () Delete
Name: BENTLEY, JONATHAN
Address: 5400 PALMETTO RD
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: S () Delete
Name: WAGNER, AUDREY MS
Address: 1520 ORCHARDGROVE AVE
City-St-Zip: TRINITY, FL 34655

Title: V () Delete
Name: CORNETT, JAMES
Address: 8643 LOVAS TRAIL
City-St-Zip: TRINITY, FL 34655

Title: D () Delete
Name: HOLLAND, RYAN
Address: 2336 BRINLEY DRIVE
City-St-Zip: TRINITY, FL 34655

Title: D () Delete
Name: TRANCHO, JASON
Address: 1354 HAVERHILL DRIVE
City-St-Zip: TRINITY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: CREECH, BILLY JOE
Address: 1123 ASHBORNE CIR
City-St-Zip: TRINITY, FL 34655

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CORNETT, JAMES
Address: 8643 LOVAS TRAIL
City-St-Zip: TRINITY, FL 34655

Title: D (X) Change () Addition
Name: HOLLAN, RYAN
Address: 2336 BRINLEY DRIVE
City-St-Zip: TRINITY, FL 34655

Title: V (X) Change () Addition
Name: KELLER, GARY
Address: 2107 GULF VIEW DR
City-St-Zip: HOLIDAY, FL 34691

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: AUDREY WAGNER

S

04/10/2008

Electronic Signature of Signing Officer or Director

Date