

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005092

FILED
Feb 22, 2009
Secretary of State

Entity Name: NEW HOPE UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

12725 ISTACHATTA ROAD SOUTH
FLORAL CITY, FL 34436

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 43
ISTACHATTA, FL 34636 US

New Mailing Address:

FEI Number: 59-6142472 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIES, JOHN
12725 ISTACHATTA ROAD SOUTH
FLORAL CITY, FL 34436 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: TR () Delete
Name: FRIES, JOHN
Address: 7487 AZALEA
City-St-Zip: FLORAL CITY, FL 34436

Title: TR () Delete
Name: LOWMAN-MOORE, TERI
Address: 245 MT FAIR
City-St-Zip: BROOKSVILLE, FL 34601

Title: P () Delete
Name: RAYNOR, FRANK O
Address: 9829 LENOX DR.
City-St-Zip: INVERNESS, FL 34450

Title: TR () Delete
Name: MORRIS, EUGENE H
Address: 12219 ISTACHATTA ROAD
City-St-Zip: FLORAL CITY, FL 34436

Title: T () Delete
Name: MACDONALD, CAROL E
Address: 28330 PETERSON CAMP RD.
City-St-Zip: ISTACHATTA, FL 34636

Title: T () Delete
Name: SHARP, ORVILLE
Address: P.O. BOX 284
City-St-Zip: NOBLETON, FL 34661

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: FRIES, JOHN
Address: 7487 AZALEA
City-St-Zip: FLORAL CITY, FL 34436

Title: TR (X) Change () Addition
Name: EDWARDS, CLYDE
Address: 13013 S. OAKWOOD AVE.
City-St-Zip: FLORAL CITY, FL 34436

Title: T (X) Change () Addition
Name: RAYNOR, FRANK O
Address: 9829 LENOX DR.
City-St-Zip: INVERNESS, FL 34450

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

Title: TR (X) Change () Addition
Name: MACDONALD, CAROL E
Address: 28330 PETERSON CAMP RD.
City-St-Zip: ISTACHATTA, FL 34636

Title: TR (X) Change () Addition
Name: SHARP, ORVILLE
Address: P.O. BOX 284
City-St-Zip: NOBLETON, FL 34661

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: FRANK O. RAYNOR

T

02/22/2009

Electronic Signature of Signing Officer or Director

_____ Date