2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007209

FILED Apr 24, 2009 Secretary of State

Entity Name: YULEE UNITED METHODIST CHURCH, INC.

	Principal Place of Business:	New Principal Place of Business:
360003 C YULEE, F	HRISTIAN WAY. L 32041	
Current N	Nailing Address:	New Mailing Address:
PO BOX 1 YULEE, F		
El Numbe	r: 59-2066567 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired (
Name and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:
34 OAK G	JOSEPH L FROVE PLACE DINA BEACH, FL 32034 US	
	e named entity submits this statement for the pure of Florida.	urpose of changing its registered office or registered agent, or I
SIGNATU	RE:	
	Electronic Signature of Registered Age	nt Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIREC
Fitle: Name: Nddress: City-St-Zip:	T () Delete COLE, THOMAS L 440793 OLD NASSAVILLE RD FERNANDINA BEACH, FL 32034	Title: () Change () Addition Name: Address: City-St-Zip:
Fitle: Name: Address: City-St-Zip:	T () Delete GRAVES, JOE 64 OAK GROVE PL FERNANDINA BEACH, FL 32034	Title: () Change () Addition Name: Address: City-St-Zip:
Name: Address: City-St-Zip: Title: Name: Address:	GRAVES, JOE 64 OAK GROVE PL	Name: Address:
√ame: √ddress:	GRAVES, JOE 64 OAK GROVE PL FERNANDINA BEACH, FL 32034 T () Delete POWELL, TIM 13067 DUVAL LAKE RD	Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
lame: Address: City-St-Zip: Title: Jame: Address: City-St-Zip: Title: Jame: Address:	GRAVES, JOE 64 OAK GROVE PL FERNANDINA BEACH, FL 32034 T () Delete POWELL, TIM 13067 DUVAL LAKE RD JACKSONVILLE, FL 32218 T () Delete GRIES, JERRY 96064 PARLIAMENT DR	Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:

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: WARD BUFFKIN T 04/24/2009