

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000582

FILED
Mar 29, 2009
Secretary of State

Entity Name: BRANFORD UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

405 NW EXPRESS ST
BRANFORD, FL 32008

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 858
BRANFORD, FL 32008

New Mailing Address:

FEI Number: 59-2650031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGRANER, SAM
405 NW EXPRESS ST
BRANFORD, FL 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: DM () Delete
Name: GREEN, BASIL
Address: 157 S.E. ANTLER RD.
City-St-Zip: BRANFORD, FL 32008

Title: DT () Delete
Name: CINGOLANI, MARK
Address: 11570 206 ST
City-St-Zip: BRANFORD, FL 32008

Title: D () Delete
Name: BROWN, JEAN
Address: PO BOX 847
City-St-Zip: BRANFORD, FL 32008

Title: D () Delete
Name: CHESSON, MYRTLE
Address: 189 SE FAWN LANE
City-St-Zip: BRANFORD, FL 32008

Title: DP () Delete
Name: MCGRANER, SAM
Address: P.O. BOX 1117 (NA)
City-St-Zip: BRANFORD, FL 32008

Title: DV () Delete
Name: SHANNON, BARBARA
Address: 8160 240 ST
City-St-Zip: O'BRIEN, FL 32071

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
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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: SAM MCGRANER

DP

03/29/2009

Electronic Signature of Signing Officer or Director

Date