2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2008 8:00 am Secretary of State

DOCUMENT # N9800003804 1. Entity Name ALLEN MEMORIAL UNITED METHODIST CHURCH, INC.								05-01-2008	90245 (004 ****61	1.25
Principal Place P 206 PACE P CANTONMEN	KWY.		Mailing Address 206 PACE PKWY. CANTONMENT, FL 3.	2533	• •						
Principal Place of Business - No P.O. Box # Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02062008	Chg-NP	CR2E	037 (12/06)	
City & State			City & State		-	4. FEI Numbe 59-3429			 	pplied For ot Applicable	
Zip	Tip Country				ıntry	5. Certificate of Status Desired S8.75 Additional Fee Required			ditional		
-6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
DIDDIN C	ABOLE				Name					_	
PIPPIN, C 4479 CHE MOLINO,	STNUT R			Street Add			s (P.O. Box Number is Not Acceptable)				
•					City	_				Zip Cod	
8. The above named entity submits this statement for the purpose of changing its registerer						registere	ed agent, or both	n, in the State of FI	orida. I an	ᆫᆝ	
the obliga	tions of regis	tered agent.									
SIGNATURE		or printed name of registered agent	and title if applicable. (NO	TE: Registere	d Agent signat.	ure required	when reinstating)	· · · · .	DATE	· ·	
Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign File Trust Fund Contribution											
:							\$5.00 May Be Added to Fees	Flo		ck payable t	
10.			Trust Fund				Added to Fees	Flor	rida Depa	ertment of S	tate
10.		May 1, 2008	Trust Fund	Contribut	ion.	<u>^</u>	Added to Fees DDITIONS/CHA	NGES TO OFFICE	rida Depa	IRECTORS IN	tate I 10
	Due by A	OFFICERS AND DI	Trust Fund	Contribut	ion.	T Edwa	Added to Fees DDITIONS/CHA	Flor	rida Depa	ertment of S	tate
TITLE	Due by A	Aay 1, 2008 OFFICERS AND DI	Trust Fund	11.	ion.	T Edwa	Added to Fees DDITIONS/CHA	Flor	rida Depa	IRECTORS IN	tate I 10
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under early 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

<u>2-8-08</u>

8509686213