

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003804

FILED
Jun 25, 2009
Secretary of State

Entity Name: ALLEN MEMORIAL UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

206 PACE PKWY.
CANTONMENT, FL 32533

New Principal Place of Business:

Current Mailing Address:

206 PACE PKWY.
CANTONMENT, FL 32533

New Mailing Address:

FEI Number: 59-3429897 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PIPPIN, CAROLE
4479 CHESTNUT RD.
MOLINO, FL 32577 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: TC () Delete
Name: SPARKS, RUSTY
Address: 1710 AMANDA LN
City-St-Zip: CANTONMENT, FL 32533

Title: TV () Delete
Name: DICKENS, DIANNE
Address: 109 HARVEST HILL DR
City-St-Zip: CANTONMENT, FL 32533

Title: TS () Delete
Name: PIPPIN, CAROLE
Address: 4479 CHESTNUT RD
City-St-Zip: MOLINO, FL 32577

Title: T () Delete
Name: JOHNSON, EDWARD
Address: 960 ROSE PETAL LN
City-St-Zip: CANTONMENT, FL 32533

Title: T () Delete
Name: NALL, TOMMY
Address: 103 MAGNOLIA AVE
City-St-Zip: CANTONMENT, FL 32533

Title: T () Delete
Name: BRANDSTON, LACY
Address: 1032 PINETOP
City-St-Zip: CANTONMENT, FL 32533

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TV (X) Change () Addition
Name: PICKENS, DIANNE
Address: 109 HARVEST HILL DR
City-St-Zip: CANTONMENT, FL 32533

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
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: CAROLE PIPPIN

TS

06/25/2009

Electronic Signature of Signing Officer or Director

Date