

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000410

FILED
Apr 16, 2009
Secretary of State

Entity Name: CORNERSTONE UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

8200 IMMOKALEE RD
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

8200 IMMOKALEE RD
NAPLES, FL 34119

New Mailing Address:

FEI Number: 65-0928755

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEE, KELLY A
8200 IMMOKALEE RD
NAPLES, FL 34119 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: D () Delete
Name: TERRY IV, ROY REV
Address: 8200 IMMOKALEE RD
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: TERRY III, ROY MR
Address: 8200 IMMOKALEE RD
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: MULLINS, JOHN
Address: 1294 MICHIGAN AVENUE
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: LEE, KELLY A
Address: 8200 IMMOKALEE RD
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: MARILYN, SLABACH
Address: 4241 22ND AVE SW
City-St-Zip: NAPLES, FL 34116

Title: D () Delete
Name: HART, STEVE
Address: 624 WIGGINS BAY DRIVE
City-St-Zip: NAPLES, FL 34110

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
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HOWARD, THATCHER
Address: 1997 CRESTVIEW WAY UNIT 128
City-St-Zip: NAPLES, FL 34119

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: HOWARD THATCHER

TREA

04/16/2009

Electronic Signature of Signing Officer or Director

Date