

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003040

FILED  
Mar 21, 2009  
Secretary of State

**Entity Name:** SPARR UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business:**

13100 N.E. JACKSONVILLE RD.  
SPARR, FL 32192

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 777  
SPARR, FL 32192

**New Mailing Address:**

**FEI Number:** 59-3729519

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRAHAM, BETTY  
4380 N.E. 24TH COURT  
OCALA, FL 34479 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: PHILLIPS, ROLLAND Z  
Address: 2450 NE 45TH TERRACE  
City-St-Zip: SPARR, FL 32192

Title: D ( ) Delete  
Name: POWELL, JANE  
Address: 10791 NE 220TH ST  
City-St-Zip: ORANGE SPRINGS, FL 32182

Title: D ( ) Delete  
Name: MCINTYRE, NANCY  
Address: 13809 NE JACKSONVILLE RD  
City-St-Zip: SPARR, FL 32192

Title: D ( ) Delete  
Name: BRADBURY, CAROL  
Address: 13151 N.E. 10TH COURT  
City-St-Zip: SPARR, FL 32192

**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:

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: JANE POWELL

D

03/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date