2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005600

FILED Jan 17, 2007 Secretary of State

Entity Name: PINE LEVEL UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	PINE LEVEL S , FL 34266	ST.				
Current N	lailing Addre	ss:	New Maili	ng Address	3:	
	PINE LEVEL S , FL 34266	ST.				
FEI Number	: 59-6544123	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and	Address of	f New Registered Agent:	
3013 NW (ARCADIA, The above	FL 34266 named entity	US	ourpose of changing i	ts registered	d office or registered agent, or both,	
	e of Florida. 					
SIGNATUI		nic Signature of Registered Age	⊇nt		 Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	D (HOOPINGARN 143 S. OSCEC ARCADIA, FL	DLA AVE.	Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	BEVIS, BILL) Delete 1 MIZELL AVE. 34266 US	Title: Name: Address: City-St-Zip:	BEVIS, BILL	DM MIZELL AVE	
Title: Name: Address: City-St-Zip:	D (HARRISON, D 16 KELLY DR ARCADIA, FL		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	S (HOLLINGSWO 710 EAST OA ARCADIA, FL	K STREET	Title: Name: Address: City-St-Zip:	VIA, DANIEL	NE LEVEL STREET	
Title: Name: Address: City-St-Zip:	T (HOOPINGARN 143 S. OSCEG ARCADIA, FL	DLA AVE.	Title: Name: Address: City-St-Zip:	ST HOOPINGAR 143 S. OSCE ARCADIA, FI	EOLA AVE.	

I hereby certify that the information supplied with this filing does not qualify for the 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: LOU HOOPINGARNER ST 01/17/2007