2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# N99000005600

Entity Name: PINE LEVEL UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

9596 NW PINE LEVEL ST.
ARCADIA, FL 34266

New Principal Place of Business:

Current Mailing Address:

9596 NW PINE LEVEL ST.
ARCADIA, FL 34266

New Mailing Address:

FEI Number: 59-6544123 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLLINGSWORTH, V.C. JR.
3013 NW CR 661-A
ARCADIA, FL 34266 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:	HOOPINGARNER, BRIAN	
Address:	143 S. OSCEOLA AVE.	
City-St-Zip:	ARCADIA, FL 34266 US	
Title:	D	( ) Delete
Name:	BEVIS, BILL	
Address:	2644 NW TOM MIZELL AVE	
City-St-Zip:	ARCADIA, FL 34266 US	
Title:	D	( ) Delete
Name:	HARRISON, DOROTHY	
Address:	16 KELLY DR.	
City-St-Zip:	ARCADIA, FL 34266 US	
Title:	P	( ) Delete
Name:	HOLLINGSWORTH, V. C. JR.	
Address:	3013 NW CR 661-A	
City-St-Zip:	ARCADIA, FL 34266 US	
Title:	D	( ) Delete
Name:	VIA, DANIEL	
Address:	7669 NW PINE LEVEL STREET	
City-St-Zip:	ARCADIA, FL 34266 US	
Title:	ST	( ) Delete
Name:	HOOPINGARNER, LOU	
Address:	143 S. OSCEOLA AVE.	
City-St-Zip:	ARCADIA, FL 34266 US	

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:	( ) 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: LOU HOOPINGARNER ST 04/01/2009

Electronic Signature of Signing Officer or Director — Date