



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90062 019 ***150.00

DOCUMENT # P07000011154					
1. Entity Name THE WORTHINGTON SPRINGS UNITED METHODIST CHURCH INC.					
Principal Place of Business SR 121 WORTHINGTON SPRINGS, FL 32697			Mailing Address PO BOX 2 WORTHINGTON SPRINGS, FL 32697		
2. Principal Place of Business - No P.O. Box # SR 121		3. Mailing Address PO BOX 2			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04072008 Chg-P CR2E034 (12/06)	
City & State WORTHINGTON SPRS, FL		City & State WORTHINGTON SPRS, FL		4. FEI Number 55-0825396	
Zip 32697		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUKES, TERRY M 12262 SW 61ST PATH LAKE BUTLER, FL 32054				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUKES, TERRY M SR 121 WORTHINGTON SPRINGS, FL 32697				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAMLIN, DEBORAH LARRY SR 121 WORTHINGTON SPRINGS, FL 32697				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COLOMBO, SHERRIE SR 121 WORTHINGTON SPRINGS, FL 32697				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Terry M. Dukes</i> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				4/18/08 (386) 496-3943 _____ Date Daytime Phone #	