

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09683

FILED  
Apr 10, 2008  
Secretary of State

**Entity Name:** THE ALABAMA-WEST FLORIDA UNITED METHODISTS DEVELOPMENT FUND, INC.

**Current Principal Place of Business:**

170 BELMONT DRIVE  
SUITE 1  
DOTHAN, AL 36305 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 8066  
DOTHAN, AL 36304 US

**New Mailing Address:**

**FEI Number:** 63-0951654

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANCHORS, C. LEDON  
909 MAR-WALT DRIVE  
SUITE 1014  
FT. WALTON BEACH, FL 32548 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: PD ( ) Delete  
Name: HILYER, LEON  
Address: 206 LAMER ST  
City-St-Zip: TROY, AL

Title: VPD ( ) Delete  
Name: HOOKS, HENRY  
Address: 2718 COUNTRY CLUB DRIVE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: MD ( ) Delete  
Name: TURNER, TERRI  
Address: 170 BELMONT DRIVE, STE 1  
City-St-Zip: DOTHAN, AL 36305

Title: DD ( ) Delete  
Name: MCCARROLL, STEVE  
Address: 601 RUTGERS RD  
City-St-Zip: DOTHAN, AL

Title: SD ( ) Delete  
Name: HENDERSON, CURTIS  
Address: PO DRAWER 700  
City-St-Zip: ANDALUSIA, AL 36420

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MD (X) Change ( ) Addition  
Name: TURNER, TERRI H  
Address: 170 BELMONT DRIVE, STE 1  
City-St-Zip: DOTHAN, AL 36305

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: HENDERSON, CURTIS  
Address: 100 INTERSTATE PARK DR STE 120  
City-St-Zip: MONTGOMERY, AL 36109

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: TERRI H TURNER

MD

04/10/2008

Electronic Signature of Signing Officer or Director

Date