2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# P09683

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:

ANCHORS, C. LEDON ESQ
909 MAR-WALT DRIVE
SUITE 1014
FT. WALTON BEACH, FL 32548 US

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: C. LEDON ANCHORS ESQ. 03/19/2009
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 H
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: 100 INTERSTATE PARK DR STE 120
City-St-Zip: MONTGOMERY, AL 36109

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:

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 03/19/2009
Electronic Signature of Signing Officer or Director Date