2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703804

FILED Jan 10, 2006 Secretary of State

Entity Name: MULBERRY UNITED METHODIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 306 NORTH CHURCH AVENUE. MULBERRY, FL 33860 **Current Mailing Address: New Mailing Address:** 306 NORTH CHURCH AVENUE. MULBERRY, FL 33860 FEI Number: 59-1591125 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DORSETT, AL 262 WOOD HALL DR. MULBERRY, FL 33860 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition DORSETT, AL Name: Name: 262 WOOD HALL DR. Address: Address: MULBERRY, FL 33860 City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: COMBS, DAVE Name: HURST, WARD Address: 166 LAKE MICHIGAN DR. Address: 401 NW 5TH AVE. City-St-Zip: MULBERRY, FL 33860 City-St-Zip: MULBERRY, FL 33860 Title: () Delete Title: () Change () Addition BECKLEY, LARRY Name: Name: 1255 WINDSONG DR Address: Address: City-St-Zip: LAKELAND, FL 33811 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: HATCH, GEORGE Name: HARN, JERRIE 601 NE SECOND AVE 202 E. BADCOCK BLVD. Address: Address: City-St-Zip: MULBERRY, FL 33860 City-St-Zip: MULBERRY, FL 33860 Title: () Delete Title: () Change () Addition ELLIS, PAT Name: Name: PO BOX 5955 Address: Address: City-St-Zip: LAKELAND, FL 33807 City-St-Zip: Title: () Delete Title: () Change () Addition WOLFE, LEWIS Name: Name: Address: 4861 PHEASANT DR. Address: MULBERRY, FL 33860 City-St-Zip: City-St-Zip:

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: STEPHANIE HOSLER SECY 01/10/2006