

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90140 003 ****70.00

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07112006 Chg-NP CR2E037 (4/06)

DOCUMENT # N05000001775			
1. Entity Name THE SHEPHERD'S COMMUNITY UNITED METHODIST CHURCH INCORPORATED			
Principal Place of Business 2165 SHEPHERD ROAD LAKELAND, FL 33811		Mailing Address P.O. BOX 5170 LAKELAND, FL 33807	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CAPRON, MARK 6547 BRISTOL OAKS DRIVE LAKELAND, FL 33811		7. Name and Address of New Registered Agent Name: Mark G. Capron Street Address (P.O. Box Number is Not Acceptable): 6804 Crescent Oaks Cir City: Lakeland FL Zip Code: 33813	
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: <u>Mark G. Capron</u> (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating.) DATE: <u>7-13-06</u>			
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MINTER, MAX 6015 WATERWOOD TRAIL BARTOW, FL 33830 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DANNY FARNHAM 5940 TROPHY LOOP LAKELAND FL 33811 Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SMITH, CHRISTOPHER 3612 TIGEREYE COURT MULBERRY, FL 33860 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP VICKI JONES 1015 WILLOW RUN LAKELAND FL 33813 Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CROFT, KATHERINE 3407 LORI LANE S. LAKELAND, FL 33801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS EMILY CARSON 10300 BRIDGEGUARD LANE LITHIA FL 33547 Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DURBIN, KATHLEEN 2404 TWELVE POINT DR. LAKELAND, FL 33811 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GARY PEACH 5707 DEER FLAG DR. LAKELAND FL 33811 Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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: <u>Gary R Peach</u> <u>Gary R Peach</u>		Date: <u>7/13/06</u> Daytime Phone #: <u>863-701-7171</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	