## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Feb 19, 2007 8:00 am **Secretary of State DOCUMENT # N15782** 02-19-2007 90051 047 \*\*\*\*61.25 ELLENTON UNITED METHODIST CHURCH, INC. Principal Place of Business Mailing Address 3607 US HWY 301 N. 3607 US HWY 301 N. 700m00m0 ELLENTON, FL 34222-2326 ELLENTON, FL 34222-2326 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-2754168 Applied For Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DON MEARES SHEPHERD, JAMED Street Address (P.O. Box Number is Not Acceptable) 4128 LONG LAKE DR S 612 CAMELLIA AVENUE ELLENTON, FL 34222 City Zip Code 34222 **ELLENTON** 2438 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. MEARES CHAIRMAN (NOTE: Registered Agent signature required when reinstatung) SIGNATURE . Signature, typed or printed na-9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. VC TITLE ☐ Delete TITLE **X** Addition TRUSTEE DEMAREST, DEY JAMES E CRAMER STREET ADDRESS 211 BOUGAINVILLEA LANE STREET ADDRESS 210 MERRY LANE PALMETTO FL 3 PARRISH, FL 34219 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition TRUSTEE WOODRING, EARL NAME NAME FRED EINEMANN STREET ADDRESS 3412 WOODY COURT STREET ADDRESS 4303 BUENA VISTA DR N CITY-ST-ZIP ELLENTON, FL 34222 CITY-ST-ZiP ELLENTON Delete TRUSTEE ☐ Change X Addition SHEPERD, JAMES NAME NAME JOHN WEAVER 4128 LONG LAKE DR S STREET ADDRESS STREET ADDRESS 364 N ORCHID DR CITY-ST-ZIP ELLENTON, FL 34222 CITY-ST-ZIP ELLENTON, FL 34222 TITLE ☐ Delete TITLE Change ☐ Addition BACON, JERRY NAME STREET ADDRESS 1536 47TH AVE DR E STREET ADDRESS CITY-ST-ZIP ELLENTON, FL 34222 CITY-ST-ZIE Delete ☐ Change TITLE TITLE Addition FRAMBES, BETTY NAME NAME **3416 WOODY CT** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ELLENTON, FL 34222 CITY-ST-ZIP TITLE ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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:

THE AND TYPED OR PRINTED WINE OF SIGNING OFFICER OR DIRECTOR

CHAIRMAN C

02-15-07941.722.533

FILED

" Daytime Phone #