

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90005 017 ****70.00

DOCUMENT # N47053

1. Entity Name
DAVENPORT UNITED METHODIST CHURCH, INC.



Principal Place of Business
**3 NORTH SUWANNEE AVENUE
 P.O. BOX 145
 DAVENPORT, FL 33837 US**

Mailing Address
**PO BOX 145
 DAVENPORT, FL 33836**

40026362



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02122007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-6141889

Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RHODES, PAMELA
 3 NORTH SUWANNEE AVE
 DAVENPORT, FL 33836**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HENSELER, WIL | |
| STREET ADDRESS | 750 MYSTERY HOUSE RD | |
| CITY-ST-ZIP | DAVENPORT, FL 33837 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | KROGULSKI, YVONNE | |
| STREET ADDRESS | 925 AVENUE 2 NW | |
| CITY-ST-ZIP | WINTER HAVEN, FL 33881 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ANDERSON, JOYCE | |
| STREET ADDRESS | 601 CENTER CREST BLVD | |
| CITY-ST-ZIP | DAVENPORT, FL 33837 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CHRISTENSON, JIM | |
| STREET ADDRESS | 3060 US HWY 17-92 LOT 111 | |
| CITY-ST-ZIP | HAINES CITY, FL 33841 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MASDEN, BOB | |
| STREET ADDRESS | 821 ASHTON DR | |
| CITY-ST-ZIP | DAVENPORT, FL 33837 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CALLENDER, GEORGE | |
| STREET ADDRESS | 825 CENTER CREST BLVD | |
| CITY-ST-ZIP | DAVENPORT, FL 33837 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Marlene Bambu | |
| STREET ADDRESS | 119 Sky Crest Loop | |
| CITY-ST-ZIP | Davenport, FL 33837 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | John Sheckells | |
| STREET ADDRESS | 822 Cunningham Drive | |
| CITY-ST-ZIP | Davenport, FL 33837 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Bill Huff | |
| STREET ADDRESS | 180 Sunridge Woods Ct. | |
| CITY-ST-ZIP | Davenport, FL 33837 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Mark Maxfield | |
| STREET ADDRESS | 2871 Powerline Rd. | |
| CITY-ST-ZIP | Haines City FL 33844 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: *Pamela Rhodes* **2-12-07** **863-422-3134**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #