

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49835

FILED
Feb 26, 2006
Secretary of State

Entity Name: ST. ANDREW UNITED METHODIST CHURCH,INC.

Current Principal Place of Business:

2001 W. 11TH STREET
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

2001 W. 11TH STREET
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 59-0782457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TILLMAN, JANE B
2210 BELL CIRCLE
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

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:

Title: T () Delete
Name: ROGERS, JOSEPH
Address: 2826 LONGLEAF RD.
City-St-Zip: PANAMA CITY, FL 32405

Title: T () Delete
Name: KERSEY, LARRY
Address: 308 IOWA AVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: S () Delete
Name: TILLMAN, JANE
Address: 4081 WOODRIDGE PLACE
City-St-Zip: PANAMA CITY, FL 32405

Title: T () Delete
Name: STRICKLAND, DANIEL
Address: 106 S. COVE BLVD.
City-St-Zip: PANAMA CITY, FL 32401

Title: CT () Delete
Name: MCSPADDEN, DAVID
Address: 4600 MYSTY LANE
City-St-Zip: LYNN HAVEN, FL 32444

Title: T () Delete
Name: BISHOP, NANCY
Address: 141 CANDLEWICK CIR
City-St-Zip: PANAMA CITY, FL 32402

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: TILLMAN, JANE
Address: 2210 BELL CIRCLE
City-St-Zip: LYNN HAVEN, FL 32444

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 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: JANE B. TILLMAN

S

02/26/2006

Electronic Signature of Signing Officer or Director

Date