

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90456 039 ****61.25

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1. Entity Name
FIRST UNITED METHODIST CHURCH OF HAINES CITY, FLA., INC.

Principal Place of Business
 21 S. SECOND ST.
 HAINES CITY, FL 33844

Mailing Address
 21 S. SECOND ST.
 HAINES CITY, FL 33844

60031886



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092006 Chg-NP CR2E037 (11/05)

4. FEI Number
 59-1573252

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

~~JENKS, RICHARD~~ **Charlie Williams**
 21 SOUTH 2ND STREET
 HAINES CITY, FL 33844

7. Name and Address of New Registered Agent

Name **Charlie Williams, Chairman**
 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 *Charlie Williams*

4/26/06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
T	CORYER, CONNIE	208 E. CYPRESS STREET	DAVENPORT, FL 33844	<input type="checkbox"/>
T	STEWART, CHARLES	1851 PENINSULAR DR.	HAINES CITY, FL 33844	<input checked="" type="checkbox"/>
T	FLOWERS, MERCEDES	706 CHURCH AVE.	HAINES CITY, FL 33844	<input checked="" type="checkbox"/>
T	KOCH, ART	P.O. BOX 472	HAINES CITY, FL 33844	<input checked="" type="checkbox"/>
T	DEAL, GEGORY	312 W. GRAHAM PARK DRIVE	HAINES CITY, FL 33844	<input type="checkbox"/>
T	WEED, JULIE	1701 COMMERCE AVE., LOT 63	HAINES CITY, FL 33844	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Chairman	Charlie Williams	215 S. 1st St.	Haines City, FL 33844	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	Darrel Honick	1921 Baker Ave.	Haines City, FL 33844	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	Jim Mullison	147 Glen Este Blvd.	Haines City, FL 33844	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	Daniel Wilson	212 Geneva Dr.	Winter Haven, FL 33881	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	Judy Arhtz	1952 Southern Dunes Blvd.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	Jim Wallace	6612 Westchester Dr.	Haines City, FL 33881	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: *Charlie Williams*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06

Date

Daytime Phone #