

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90013 001 ****61.25

DOCUMENT # N94000004458	
1. Entity Name	
MONTVERDE UNITED METHODIST CHURCH, INC.	

Principal Place of Business	Mailing Address
17015 PORTER AVE. MONTVERDE FL 34756	PO BOX 560608 MONTVERDE FL 34756-608 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number		Applied For
59-3274730		Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MILES, WALTER E 17534 COUNTY RD. 455 MONTVERDE FL 34756		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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MILES, WALTER E	NAME	
STREET ADDRESS	17534 COUNTY RD. 455	STREET ADDRESS	
CITY-ST-ZIP	MONTVERDE FL	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	ADAMS, LINDA	NAME	
STREET ADDRESS	20105 S BUCKHILL RD	STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL 34712	CITY-ST-ZIP	34715 21P
TITLE	SD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SEYBERT, CONNIE	NAME	
STREET ADDRESS	17651 9TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MONTVERDE FL 34756	CITY-ST-ZIP	
TITLE	TD ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	ADAMS, JEAN V	NAME	
STREET ADDRESS	20121 S BUCKHILL RD	STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL 34712-7783	CITY-ST-ZIP	34715-7783 21P
TITLE	VPD ☒ Delete	TITLE	☒ Change ☐ Addition
NAME	WILLIAMS, LINDA	NAME	UPD
STREET ADDRESS	12905 MARINER DR	STREET ADDRESS	JOE MORRIN
CITY-ST-ZIP	ASTATULA FL 34708-0451	CITY-ST-ZIP	16249 FOUR LAKES RD
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COX, LOUISE	NAME	
STREET ADDRESS	9TH ST.	STREET ADDRESS	
CITY-ST-ZIP	MONTVERDE FL 34756	CITY-ST-ZIP	MONTVERDE FL 34756

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Jean V. Adams Church Mission 1-31-06 352 394 3303