


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 751377</b>	
1. Entity Name <b>CRAWFORDVILLE UNITED METHODIST CHURCH, INC.</b>	

Principal Place of Business <b>NO. 1 OCHLOCKONEE STREET NORTH SIDE OF STATE ROAD 368 CRAWFORDVILLE, FL 32327</b>	Mailing Address <b>NO. 1 OCHLOCKONEE STREET NORTH SIDE OF STATE ROAD 368 CRAWFORDVILLE, FL 32327</b>
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04282006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2278696</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>NEWLAND, RANDY 30 KELLY COURT CRAWFORDVILLE, FL 32327</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 file 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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GABY, JULIE B. 208 ROLAND HARVEY ROAD CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD UPDEGRAFF, CHARLES E. LOT 15 BLK.O HUDSON HGT. CRAWFORDVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLOVER, LARRY E. IVAN ROAD CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REVELL, MARIAN COTTONWOOD STREET CRAWFORDVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOOKE, SUSIE POST OFFICE BOX 276 CRAWFORDVILLE, FL 32326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000538250  
05/09/06-80050-010 61.25

**DO NOT WRITE  
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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:** *Randolph B. Newland* *Randolph B. Newland* *5/1/06* *1850926-7125*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #