

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751377

FILED  
May 02, 2007  
Secretary of State

**Entity Name:** CRAWFORDVILLE UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business:**

NO. 1 OCHLOCKONEE STREET NORTH SIDE  
OF STATE ROAD 368  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

NO. 1 OCHLOCKONEE STREET NORTH SIDE  
OF STATE ROAD 368  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

**FEI Number:** 59-2278696 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

NEWLAND, RANDY  
30 KELLY COURT  
CRAWFORDVILLE, FL 32327 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: D ( ) Delete  
Name: GABY, JULIE B.,  
Address: 208 ROLAND HARVEY ROAD  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VD ( ) Delete  
Name: UPDEGRAFF, CHARLES E.,  
Address: LOT 15 BLK.O HUDSON HGT.  
City-St-Zip: CRAWFORDVILLE, FL

Title: D ( ) Delete  
Name: GLOVER, LARRY,  
Address: E. IVAN ROAD  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D ( ) Delete  
Name: REVELL, MARIAN,  
Address: COTTONWOOD STREET  
City-St-Zip: CRAWFORDVILLE, FL

Title: D ( ) Delete  
Name: TOOKE, SUSIE  
Address: POST OFFICE BOX 276  
City-St-Zip: CRAWFORDVILLE, FL 32326

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 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: JULIE GABY

D

05/02/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date