

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 701138**

1. Entity Name

COMMUNITY METHODIST CHURCH INC



Principal Place of Business

401 SW. 1ST STREET  
BELLE GLADE FL 33430

Mailing Address

401 SW. 1ST STREET  
BELLE GLADE FL 33430

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1112809

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOOKER, R M  
600 NW AVE L  
P O BOX 1595  
BELLE GLADE FL 33430

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, 2007**

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	DP	<input type="checkbox"/> Delete
NAME	HOOKER, R M	
STREET ADDRESS	1755 WEST LAKE RD	
CITY-STATE-ZIP	BELLE GLADE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHOENFELD, R.F.	
STREET ADDRESS	632 NW AVE E	
CITY-STATE-ZIP	BELLE GLADE FL 33430	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CARPENTER, MILTON	
STREET ADDRESS	1101 TABIT RD.	
CITY-STATE-ZIP	BELLE GLADE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HAND, DOLLY	
STREET ADDRESS	949 S.E. 4TH ST.	
CITY-STATE-ZIP	BELLE GLADE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, HORACE	
STREET ADDRESS	P.O. BOX 952	
CITY-STATE-ZIP	BELLE GLADE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, CURTIS A	
STREET ADDRESS	1040 SE 3RD ST	
CITY-STATE-ZIP	BELLE GLADE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000624065
CITY-STATE-ZIP	02/14/07-80014-023 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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:**

*Robert M. Hooker* Robert M. Hooker

1/31/07

(561) 996-5568

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #