


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

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90071 049 ****61.25

DOCUMENT # 701885	
1. Entity Name	
ORANGE CITY UNITED METHODIST CHURCH, INC.	

Principal Place of Business	Mailing Address
396 EAST UNIVERSITY AVENUE ORANGE CITY FL 32763	396 EAST UNIVERSITY AVENUE ORANGE CITY FL 32763

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



1st MOORE CR2E037 (10/06)

4. FEI Number		Applied For
59-1724820		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
HARDESTY, ALONZO H. 1750 S. VOLUSIA AVENUE ORANGE CITY FL 32763	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	CT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERAOKA, THELMA	NAME	
STREET ADDRESS	308 PINEVIEW DR	STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY FL 32763	CITY-ST-ZIP	
TITLE	VCT <input checked="" type="checkbox"/> Delete	TITLE	VP William Koos <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HULL, LINDA	NAME	316 Fernhill Dr.
STREET ADDRESS	2313 ABLEWOOD CT	STREET ADDRESS	DeBarry, Fl. 32713
CITY-ST-ZIP	DELTONA FL 32725	CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINCENT, ROBERT	NAME	Timothy Deary
STREET ADDRESS	333 REDWOOD AVE	STREET ADDRESS	1494 13th St.
CITY-ST-ZIP	ORANGE CITY FL 32763	CITY-ST-ZIP	Orange City, Fl. 32763
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-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: *Thelma Teraoka* **Thelma Teraoka** *2-13-07* **386-775-3068**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #