

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90162 041 ****61.25

DOCUMENT # 702111 1. Entity Name WHITE CITY UNITED METHODIST CHURCH, INC.					
Principal Place of Business 810 W. MIDWAY ROAD FT PIERCE, FL 34982			Mailing Address 810 W. MIDWAY ROAD FT PIERCE, FL 34982		
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		Country		4. FEI Number 59-6581329	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MCDONALD, ODELL 826 TIMBERVIEW DR UNIT E FORT PIERCE, FL 34982				7. Name and Address of New Registered Agent Name GEORGE PRICE Street Address (P.O. Box Number is Not Acceptable) 6832 Bronte Circle City Port St Lucie FL Zip Code 34952	
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 George Price, President 4/18/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing 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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FEGO, THOMAS 4804 ELM AVENUE FORT PIERCE, FL 34982	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Bergman, Erwin 5904 Buchanan Drive Fort Pierce FL 34982	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOTHS, LEE 5328 NORTHWEST RUGBY DRIVE PORT SAINT LUCIE, FL 34983	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Fego, Helene 5116 Pinetree Drive Fort Pierce FL 34982	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MCDONALD, O'DELL 826 TIMBERVIEW DRIVE UNIT E FORT PIERCE, FL 34982	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Myers, Eileen 1000 TREASURE CAY DR., APT 101 FORT PIERCE, FL 34947	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MYERS, EILEEN 1000 TREASURE CAY DR., APT 101 FORT PIERCE, FL 34947	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Turner, Evelyn 8538 Belfry Place Port St Lucie FL 34986	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STRAIN, ROBERT 6536 ALEMENDRA FORT PIERCE, FL 34951	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRICE, GEORGE 6832 BRONTE CIRCLE PORT SAINT LUCIE, FL 34952	<input type="checkbox"/> Delete			
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 George Price, President 4/18/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date Daytime Phone #		