

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90376 039 ****61.25

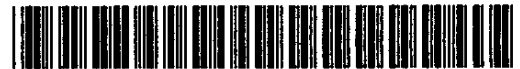
DOCUMENT # 703802

1. Entity Name
CONWAY UNITED METHODIST CHURCH, INC.



Principal Place of Business
3401 SOUTH CONWAY ROAD
ORLANDO, FL 32812-4699

Mailing Address
3401 SOUTH CONWAY ROAD
ORLANDO, FL 32812-4699



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1146126

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIKE, MARY ANNE
5238 JENNIFER PLACE
ORLANDO, FL 32807

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

Mary Anne Pike, Pres. **MARY ANNE PIKE**

4/20/06

Signature, typed or printed name of registered agent and title 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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME **PIKE, MARY ANNE**
STREET ADDRESS **5238 JENNIFER PL**
CITY-ST-ZIP **ORLANDO, FL 32807**

TITLE ☒ Change ☐ Addition
NAME **PIKE, MARY ANNE**
STREET ADDRESS **5238 JENNIFER PL**
CITY-ST-ZIP **ORLANDO, FL 32807**

TITLE ☒ Delete
NAME **WALDEN, BETTY**
STREET ADDRESS **2316 CRYSTAL LK.DRIVE**
CITY-ST-ZIP **ORLANDO, FL**

TITLE ☐ Change ☒ Addition
NAME **VOELPEL, JOHN A IV**
STREET ADDRESS **1908 EXCALIBUR DR**
CITY-ST-ZIP **ORLANDO, FL 32822**

TITLE ☒ Delete
NAME **VPD LANE, RICHARD**
STREET ADDRESS **1910 DIXIE BELLE DR**
CITY-ST-ZIP **ORLANDO, FL 32812**

TITLE ☒ Change ☐ Addition
NAME **YEATES, JOHN M**
STREET ADDRESS **5291 CHISWICK CR**
CITY-ST-ZIP **ORLANDO, FL 32812**

TITLE ☒ Delete
NAME **ST YEATES, JOHN M**
STREET ADDRESS **5291 CHISWICK CIR**
CITY-ST-ZIP **ORLANDO, FL 32812**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Mary Anne Pike, Pres. **MARY ANNE PIKE** **4/20/06** **407.341-3273**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #