## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT #705643**

1. Entity Name

CHRIST UNITED METHODIST CHURCH, INC. OF BRADENTON, FLORIDA



Principal Place of Business

Mailing Address

5512 26TH STREET WEST BRADENTON, FL 34207

5512 26TH STREET WEST BRADENTON, FL 34207

## **FILED** Jan 16, 2007 8:00 am Secretary of State

01-16-2007 90185 010 \*\*\*\*61.25



01102007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-1003757

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEAN, SANDRA M 5512 26TH ST W **BRADENTON, FL 34207** 

BRADENTON, FL. 34207

BRADENTON, FL 34207

KNIGHT, CHERYL

5512 26TH ST W

## **DO NOT WRITE** IN THIS SPACE

8. The above the obligat	e named entity submits this statement fo tions of registered agent.	or the purpose of changing its register	ed office or r	egistered agent, or both	in the State of Florida. I am familiar with, and accep
SIGNATURE.					
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Registere	d Agent agnatur	s rectissed when sensisting)	CAFE
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS		8.208.808		
TITLE	PD				
NAME	SHEAN, SANDRA M				
STREET ADDRESS	5512 26TH ST W		300 (1.00000) 1 November 1866		
CITY-ST-ZIP	BRADENTON, FL 34207		6.90 1950000. 6.50 - 1000000. 6.51 - 100000000		
TITLE	VD				100
NAME	FULLERTON, DAN				
STREET ADDRESS	5512 26TH ST W				
CITY-ST-7P	PRADENTON EL 24207				

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this fiting 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:

TITLE NAME

TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZP