

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90223 013 \*\*\*\*61.25

<b>DOCUMENT # 706528</b> 1. Entity Name <b>CHRIST COMMUNITY UNITED METHODIST CHURCH, INC.</b>					
Principal Place of Business <b>27000 SUNNYBROOK ROAD PUNTA GORDA, FL 33983</b>			Mailing Address <b>27000 SUNNYBROOK ROAD PUNTA GORDA, FL 33983</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>KOZOMAN, ROBERT L. 2177 BOXWOOD ST. NORTH PORT, FL 34289</b>				Name <b>LEONARD D. KNOTT</b> Street Address (P.O. Box Number is Not Acceptable) <b>1512 RIO DE JANEIRO AVE UNIT 313</b> City <b>PUNTA GORDA</b> FL <b>33983</b>	
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 <i>Leonard Knott</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>LEONARD KNOTT- Chairperson</b>		<b>3/23/06</b> <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>S NEWMAN, BARBARA 2240 HARBOUR DR PUNTA GORDA, FL 33983</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D GRAHAM, MILLICENT 27284 SAN MARINO DR PUNTA GORDA, FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>VP NEWMAN, RICHARD 2240 HARBOUR DR. PUNTA GORDA, FL 33983</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>VP GOODHUE, DAVID 26546 TRINILAS DR. PUNTA GORDA, FL 33980</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>LEONARD KNOTT 1512 RIO DE JANEIRO APT 313 PUNTA GORDA, FL 33983</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D KOZOMAN, CARROLL 2177 BOXWOOD ST. NORTH PORT, FL 34289</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>GARY MEMANUS 2535 PEARL ST PT CHARLOTTE, FL 33948</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>PD KOZOMAN, ROBERT L. 2177 BOXWOOD ST. NORTH PORT, FL 34289</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 817, 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: <i>Richard Newman</i> <b>VP</b> <b>7-2-06</b> <b>941-629-9619</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

66021336



04132006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2562346**

Applied For  
Not Applicable

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

**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

TITLE	S	<input type="checkbox"/> Delete
NAME	NEWMAN, BARBARA	
STREET ADDRESS	2240 HARBOUR DR	
CITY- ST- ZIP	PUNTA GORDA, FL 33983	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAHAM, MILLICENT	
STREET ADDRESS	27284 SAN MARINO DR	
CITY- ST- ZIP	PUNTA GORDA, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NEWMAN, RICHARD	
STREET ADDRESS	2240 HARBOUR DR.	
CITY- ST- ZIP	PUNTA GORDA, FL 33983	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GOODHUE, DAVID	
STREET ADDRESS	26546 TRINILAS DR.	
CITY- ST- ZIP	PUNTA GORDA, FL 33980	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KOZOMAN, CARROLL	
STREET ADDRESS	2177 BOXWOOD ST.	
CITY- ST- ZIP	NORTH PORT, FL 34289	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KOZOMAN, ROBERT L.	
STREET ADDRESS	2177 BOXWOOD ST.	
CITY- ST- ZIP	NORTH PORT, FL 34289	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	LEONARD KNOTT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1512 RIO DE JANEIRO APT 313	
STREET ADDRESS	PUNTA GORDA, FL 33983	
CITY- ST- ZIP		
TITLE	GARY MEMANUS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2535 PEARL ST	
STREET ADDRESS	PT CHARLOTTE, FL 33948	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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SIGNATURE: *Richard Newman* **VP** **7-2-06** **941-629-9619**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 706528

1. Entity Name  
CHRIST COMMUNITY UNITED METHODIST CHURCH,  
INC.



Principal Place of Business  
27000 SUNNYBROOK ROAD  
PUNTA GORDA, FL 33983

Mailing Address  
27000 SUNNYBROOK ROAD  
PUNTA GORDA, FL 33983

ATTACHMENT

66021336

DO NOT WRITE IN THIS SPACE

02132006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
59-2562346

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**K** Robert Kozoman  
2168 Boxwood St  
North Port FL 34289

DO NOT WRITE  
IN THIS SPACE

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: Robert Kozoman ROBERT KOZOMAN (PRESIDENT) 3/29/2006  
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

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	NEWMAN, BARBARA
STREET ADDRESS	2240 HARBOUR DR
CITY-ST-ZIP	PUNTA GORDA, FL 33983
TITLE	D
NAME	GRAHAM, MILLICENT
STREET ADDRESS	27264 SAN MARINO DR
CITY-ST-ZIP	PUNTA GORDA, FL
TITLE	VP
NAME	NEWMAN, RICHARD
STREET ADDRESS	2240 HARBOUR DR.
CITY-ST-ZIP	PUNTA GORDA, FL 33983
TITLE	RD D
NAME	GOODHUE, DAVID
STREET ADDRESS	26548 FRANKLIN DR.
CITY-ST-ZIP	PUNTA GORDA, FL 33980
TITLE	RD PD
NAME	KOZOMAN, GARROLL
STREET ADDRESS	2177 BOXWOOD ST.
CITY-ST-ZIP	NORTH PORT, FL 34289
TITLE	RD D
NAME	KOZOMAN, ROBERT
STREET ADDRESS	2177 BOXWOOD ST.
CITY-ST-ZIP	NORTH PORT, FL 34289

DO NOT WRITE  
IN THIS SPACE

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SIGNATURE: Robert Kozoman ROBERT KOZOMAN 3/29/06 941 423 8566  
Signature and typed or printed name of signing officer or director Date Daytime Phone #