## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Name CHRIST COMMUNITY UNITED METHODIST CHURCH, INC.									05-02-200	6 90223 0	013 ****	'61.25
Principal Place of Business 27000 SUNNYBROOK ROAD PUNTA GORDA, FL 33983			2700	Mailing Address 27000 SUNNYBROOK ROAD PUNTA GORDA, FL 33983				6 (2018 1107)	660 100 100 100 100 100 100 100 100 1	2133g	I dram meet ei	ITION: 01 FAOI
2. Principal Place of Business			3. Mali	3. Malling Address								
Suite, Apt. #. etc.			Sui	Suite, Apt. #, etc.				04132006	Chg-NP	CR2E03	7 (11/05)	
City & State			Cit	City & State				4. FEI Numbe 59-2562		. <u> </u>		opfied For lot Applicable
Zip Country		Zip	Zip		ıntry		5. Certificate	of Status Desired		88.75 Ad ee Require		
	6. Name	and Address of Curren	t Registere	d Agent				7. Name and	Address of New	Registered A	gent	
KOZOMAN	N. ROBER	TL.				Name 4	אמם בא	VAROD.	KNOTT	•		
2177 BOX	WOOD ST	Γ.		Street Addre			ddress (F	O. Box Numbe	RO AVE		<del>_</del>	
NORTH P	ORT, FL 3	34289				1517	1210	DE JANE	KD HVE	JN(1.2/.		<del></del>
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the obligat	tions of regist	y submits this statement for the statement of the stateme	for the purp			ed office or	registere			_		, and accept
SIGNATURE:		or printed name of registered ager	nt and title if appl	Leo Icable. (NOTE	NAK.	d Agent stgress	()TT-	Charep	EISON	CATE		
SIGNATURE	Signature, typed Filling Fo	or printed name of registered again to its \$61.25 day 1, 2008	nt and little If appl	9. Election Can Trust Fund C	paign F	inancing		\$5.00 May Be Added to Fees	,	OATE Make check	payable t	
SIGNATURE-	Filling Fe Due by N	e is \$61.25		9. Election Can	paign F	inancing		\$5.00 May Be Added to Fees	,	Make check oride Departs	payable t	itate
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12. I hereby certify that the information supplied with this filling does not quality 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 shell have the same legal effect as if made under each; 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:

IGRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2-06 941-629-96

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2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT #706528** CHRIST COMMUNITY UNITED METHODIST CHURCH, **ATTACHMENT** Principal Place of Business Malling Address 27000 SUNNYBROOK ROAD 27000 SUNNYBROOK ROAD 66021336.-PUNTA GORDA, FL 33983 PUNTA GORDA, FL 33983 02132006 No Chg-NP CR2E037 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2562346 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent DO NOT WRITE Robert Kozoman 2168 Boxwood St North Port FL 34289 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 02 ROBERT KOZOMAN (KESIDENT 9. Election Campaign Financing \$5.00 May Be Filling Fee is \$61.25 Trust Fund Contribution. Added to Fees Due by May 1, 2006 10. OFFICERS AND DIRECTORS MLE NAME NEWMAN, BARBARA STREET ADDRESS 2240 HARBOUR DR CITY-ST-ZIP PUNTA GORDA, FL 33983 TITLE NAME GRAHAM, MILLICENT STREET ADDRESS 27264 SAN MARINO DR CITY-ST-ZIP PUNTA GORDA, FL TITLE NAME NEWMAN, RICHARD STREET ADDRESS 2240 HARBOUR DR. DO NOT WRITE CITY-ST-ZIP PUNTA GORDA, FL 33983 GOODHUE DAVID LEO WARD KNOTT 15/2 RIO DE JANGIRO NE 313 TITLE IN THIS SPACE NAME STREET ADDRESS PUNTA GORDA, FL 33980 PUNTA GORDA, FL 33983 CITY-ST-ZIP PP PO TITLE CHAN MEMANUS
CHAN MILLE KOZOMAN, GARROLL STREET ADDRESS 2177 ROXWOOD ST. CITY-ST-ZIP NORTH PORT, FL 34289 20 D TITLE Robert Kozoman KOZOMAN, ROBERT NAME 2168 Boxwood St STREET ADDRESS 2177-BOXWOOD ST. North Port FL 34289 NORTH PORT, FL. 34 12. I hereby certify that the information supplied with this filling 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 comporation 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 attaching the with an address, with all other like empowered. ROBGET KOZOMAN 3/29/06 941 423 8566