


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

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

**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**

66021336



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04132006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number  
**59-2562346**

Applied For  
 Not Applicable

Zip Country

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

**KOZOMAN, ROBERT L.  
 2177 BOXWOOD ST.  
 NORTH PORT, FL 34289**

Name  
**LEONARD D. KNOTT**

Street Address (P.O. Box Number is Not Acceptable)  
**1512 RIO DE JANEIRO AVE UNIT 313**

City  
**PUNTA GORDA**

State  
**FL**

Zip Code  
**33983**

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: *Leonard Knott* **LEONARD KNOTT- Chairperson** **3/23/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
S	NEWMAN, BARBARA	2240 HARBOUR DR	PUNTA GORDA, FL 33983	<input type="checkbox"/>
D	GRAHAM, MILLICENT	27284 SAN MARINO DR	PUNTA GORDA, FL	<input type="checkbox"/>
VP	NEWMAN, RICHARD	2240 HARBOUR DR.	PUNTA GORDA, FL 33983	<input type="checkbox"/>
VP	GOODHUE, DAVID	26546 TRINILAS DR.	PUNTA GORDA, FL 33980	<input checked="" type="checkbox"/>
D	KOZOMAN, CARROLL	2177 BOXWOOD ST.	NORTH PORT, FL 34289	<input checked="" type="checkbox"/>
PD	KOZOMAN, ROBERT L.	2177 BOXWOOD ST.	NORTH PORT, FL 34289	<input checked="" type="checkbox"/>

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

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: *Richard Newman* **VP** **7-2-06** **941-629-9619**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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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 <input type="checkbox"/>	\$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 LEONARD KNOTT
STREET ADDRESS	26548 FRINLEAS DR. 1512 RIO DE JANEIRO WZ #313
CITY-ST-ZIP	PUNTA GORDA, FL 33980 PUNTA GORDA, FL 33983
TITLE	RD PD
NAME	KOZOMAN, GARROLL <del>MICHAEL VAN FLETEREN</del>
STREET ADDRESS	2177 BOXWOOD ST. GRAY MC MANUS
CITY-ST-ZIP	NORTH PORT, FL 34289 FT CHARLOTTE, FL 33948
TITLE	RD D
NAME	KOZOMAN, ROBERT <b>K</b> Robert Kozoman
STREET ADDRESS	2177 BOXWOOD ST. 2168 Boxwood St
CITY-ST-ZIP	NORTH PORT, FL 34289 North Port FL 34289

DO NOT WRITE IN THIS SPACE

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: Robert Kozoman ROBERT KOZOMAN 3/29/06 941 423 8566  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #