


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90095 049 ****61.25

DOCUMENT # 707796 1. Entity Name ONECO UNITED METHODIST CHURCH, INC.	
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Principal Place of Business 2112 53RD AVENUE E BRADENTON, FL 34203	Mailing Address P.O. BOX 908 ONECO, FL 34264
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DO NOT WRITE IN THIS SPACE



01042006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-1857122	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 SCHUBERT, HAROLD 5316 53RD AVENUE E. WESTWINDS MHP N-8 BRADENTON, FL 34203
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**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: HAROLD SCHUBERT *Harold Schubert* 01-12-06
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, RUDY 6031 HOPKINS DR N BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLINE, BARBARA CI 7065 VERA BETHANY RD 1 MYAKKA CITY, FL. 34251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILES, CLINTON 2888 48TH WAY E BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, MARY 5316 53RD AVE., E. W.WINDS L-10 BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHUBERT, HAROLD 5316 53RD AVE E, N-8 BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RYAN, STEVE 8431 GARDENS CIR #2 SARASOTA, FL. 34234

**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: Harold G. Schubert 01-12-06 (941) 756-5695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #