## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 19, 2007 8:00 am Secretary of State

|   |   |   |  |                                      |                     | $\mathbf{c}_{\mathbf{J}}$           |                         |  |
|---|---|---|--|--------------------------------------|---------------------|-------------------------------------|-------------------------|--|
| DOCUMENT # 708953  1. Entity Name CHRIST BY THE SEA UNITED METHODIST CHURCH, INC.       |   |   |  |                                      |                     | 90188 014 ****7                     | 0.00                    |  |
| Principal Place<br>3755 NORTH<br>VERO BEACH   | ALA   | Mailing Address<br>3755 HIGHWAY A1A<br>VERO BEACH, FL 32963 | 3755 HIGHWAY A1A                               |                                      |                     |                                     |                         |  |
| ا سنوی سوم  | ace of Business - No P.O. Box #   | 3. Mailing Address  |  |                                      |                     |                                     |                         |  |
|   |   | Suite, Apt. #, etc.   | Suite, Apt. #, etc.                            |                                      | Chg-NP              | CR2E037 (12/06)                     |                         |  |
| City & State  |   | City & State  |  | 4. FEI Number 59-12230               | 75                  | <b>⊢</b>                            | plied For<br>Applicable |  |
| 3296  | Country   | Zip   | Country  | 5. Certificate of S                  | Status Desired      | \$8.75 Add<br>Fee Required          |                         |  |
|   | 6. Name and Address of Current  | Registered Agent  |  | 7. Name and Ad                       | Idress of New R     | egistered Agent                     |                         |  |
| MONROE, BETTY A   |   |   |  | Name                                 |                     |                                     |                         |  |
| 2901 21ST PLACE<br>VERO BEACH, FL 32960   |   |   | Street A                                       | ddress (P.O. Box Number is           | s Not Acceptable    | )                                   |                         |  |
|   | ·   |   |  |                                      |                     |                                     |                         |  |
|   |   |   | City   |                                      |                     | FL Zip Code                         | •                       |  |
|   | named entity submits this statement fo<br>ions of registered agent.       | r the purpose of changing its re                            | egistered office or                            | registered agent, or both,           | in the State of Flo | rida. I am familiar with,           | and accept              |  |
| SIGNATURE .   | Signature, typed or printed name of registered agent                      | and title if applicable. (NOTE:                             | Registered Agent signatu                       | re required when reinstating)        | <u></u>             | DATE                                | <del></del>             |  |
| Filing Fee is \$61.25  Due by May 1, 2007  9. Election Campaign F Trust Fund Contributi |   |   |  | \$5.00 May Be Added to Fees          |                     | ake check payable to                |                         |  |
| 10.   | OFFICERS AND DIF  | <del></del>   | 11.  |                                      |                     | RS AND DIRECTORS IN                 |                         |  |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP   | D<br>COOK, JOHN<br>4118 E REGENCY CT<br>VERO BEACH, FL 32967              | <b>⊠</b> Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP          | Ron Morelo<br>601 Hones<br>Vero Beac | suckle              | □ Change<br>. <b>Larie</b><br>32963 | Addition                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | CD<br>LEMASTERS, JANICE<br>117 CACHE CAY DR<br>VERO BEACH, FL 32963       | Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP          | Gail More                            | egs Rd.             | □ Change<br>- 32963                 | Addition                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>GILLICK, ELIZABETH<br>1465 TREASURE COAST LA<br>VERO BEACH, FL 32963 | ☐ Oelete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP          | CD                                   |                     | Change                              | ☐ Addition              |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | D<br>LACONIS, VINCENT<br>1006 22ND AVE<br>VERO BEACH, FL 32960            | □ Delete  | 11TLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                      |                     | Change                              | Addition                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | D<br>WOLFE, BETTY<br>616 8TH PLACE<br>VERO BEACH, FL 32960                | □ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP          |                                      |                     | Change                              | Addition                |  |
| TITLE<br>NAME   | D<br>PEARCE, FRANK  | Delete  | TITLE<br>NAME                                  | 1903 Bay<br>1903 Bay                 | Rd #                | □ Change                            | Addition                |  |
| STREET ADDRESS  | 109 PARK SHORES CIR #36W<br>  VERO BEACH, FL 32963                        |   | STREET ADDRESS<br>CITY-ST-ZIP                  | Vero Beo                             | leh, F              | - 3296                              | ٦.                      |  |

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 ampowered 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: \_

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4/13/07

4738431 Daytime Phone #