

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90067 045 \*\*\*\*61.25

**DOCUMENT # 710007**

1. Entity Name  
**THE UNION STREET UNITED METHODIST CHURCH,  
INC.**



Principal Place of Business  
**1625 UNION STREET  
CLEARWATER, FL 33755**

Mailing Address  
**1625 UNION STREET  
CLEARWATER, FL 33755**

40019230



01192006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-6072704**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JAKUETH, CHARLES A  
1900 PINEHURST DR  
CLEARWATER, FL 33763**

**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

*Charles A. Jakueth*

(NOTE: Registered Agent signature required when reinstating)

DATE

1-23-06

**Filing Fee is \$61.25  
Due by May 1, 2006**

☒ Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MORGAN, JAMES M P
STREET ADDRESS	1684 PINE PLACE
CITY-ST-ZIP	CLEARWATER, FL 33755
TITLE	D
NAME	JAKUETH, CHARLES
STREET ADDRESS	1900 PINEHURST DRIVE
CITY-ST-ZIP	CLEARWATER, FL 33763
TITLE	D
NAME	STACEY, MARION
STREET ADDRESS	847 CAMBRIDGE CT.
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	D
NAME	HUBBS, WARREN
STREET ADDRESS	1001 EGRET COURT
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	D
NAME	ABOSHEAR, GERALDINE
STREET ADDRESS	1632 HAMILTON COURT
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-23-06

Date

727 442 9300

Daytime Phone #