

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2007 08:00 AM**  
**Secretary of State**

**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**



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-6072704**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

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

**JAQUETH, 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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$81.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MORGAN, JAMES M P  
1684 PINE PLACE  
CLEARWATER, FL 33755**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
JAQUETH, CHARLES  
1900 PINEHURST DRIVE  
CLEARWATER, FL 33763**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
STACEY, MARION  
847 CAMBRIDGE CT.  
DUNEDIN, FL 34698**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HUBBS, WARREN  
1001 EGRET COURT  
DUNEDIN, FL 34698**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ABSHEAR, GERALDINE  
1485 HALSEY DRIVE, APT 206  
DUNEDIN, FL 34698**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000629453  
02/19/07-80001-018 61.25

**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:** *Charles A. Jaqueth*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-7-07*

Date

Daytime Phone #