

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710413

FILED  
Mar 02, 2006  
Secretary of State

**Entity Name:** MARY ESTHER METHODIST CHURCH, INC.

**Current Principal Place of Business:**

703 MIRACLE STRIP PARKWAY  
P.O. BOX 846  
MARY ESTHER, FL 32569

**New Principal Place of Business:**

**Current Mailing Address:**

703 MIRACLE STRIP PARKWAY  
P.O. BOX 846  
MARY ESTHER, FL 32569

**New Mailing Address:**

**FEI Number:** 59-2398857

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLOWERS, DARLA  
703 MIRACLE STRIP PARKWAY  
P.O. BOX 846  
MARY ESTHER, FL 32569 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LANGLEY, TIM  
Address: 123 SCOTTSDALE CT.  
City-St-Zip: MARY ESTHER, FL 32569

Title: VPD ( ) Delete  
Name: POLSON, STAN  
Address: P.O. BOX 96  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: S ( ) Delete  
Name: GOODSON, ELLEN  
Address: 139 ELDREDGE ROAD  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: TR ( ) Delete  
Name: REYNOLDS, C.F.  
Address: 132 WOODBINE ROAD  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: CH ( ) Delete  
Name: SEARS, DAVID  
Address: 101 CAYMAN COVE  
City-St-Zip: DESTIN, FL 32541

Title: TD ( ) Delete  
Name: LINN, JOE  
Address: 60 WINDY WAY  
City-St-Zip: SANTA ROSA BEACH, FL 32459

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: POLSON, STAN  
Address: P.O. BOX 96  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VPD (X) Change ( ) Addition  
Name: PIKE, PENNY  
Address: 25 NEPTUNE DRIVE  
City-St-Zip: MARY ESTHER, FL 32569

Title: S (X) Change ( ) Addition  
Name: SEARS, CHRIS  
Address: 101 CAYMAN COVE  
City-St-Zip: DESTIN, FL 32541

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CH (X) Change ( ) Addition  
Name: HALEY, JACK  
Address: 17 NEPTUNE DRIVE  
City-St-Zip: MARY ESTHER, FL 32569

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STAN POLSON

PD

03/02/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date