

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90103 031 ****61.25

| | | | | | |
|--|---|---|---|---|--|
| DOCUMENT # 710511 1. Entity Name FLAGLER BEACH METHODIST CHURCH, INC. | | | | | |
| Principal Place of Business 1520 S. DAYTONA AVENUE P.O. BOX 929 FLAGLER BEACH, FL 32136-0929 | | | Mailing Address 1520 S. DAYTONA AVENUE P.O. BOX 929 FLAGLER BEACH, FL 32136-0929 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2349501 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SWAN, DOUGLAS L. 1532 SOUTH DAYTONA AVENUE FLAGLER BEACH, FL 32136 | | | Name SWAN, DOUGLAS L., SR. Street Address (P.O. Box Number is Not Acceptable) 1532 S. DAYTONA AVENUE City FLAGLER BEACH FL Zip Code 32136 | | |
| 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 <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | DOUGLAS L. SWAN, SR., PASTOR | | APRIL 3, 2006 <small>DATE</small> | |
| 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 | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DUENSING, WINNIE P.O. BOX 121 FLAGLER BEACH, FL 32136 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VATH, RON P.O. BOX 2506 FLAGLER BEACH, FL 32136 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GOODMAN, GAYLE 54 NAUTILUS AVE FLAGLER BEACH, FL 32136 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CURL, KEITH 53 PEBBLE BEACH CIRCLE FLAGLER BEACH, FL 32136 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | M DUENSING, CYLDE PO BOX 121 FLAGLER BEACH, FL 32136 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C SWAN, DOUGLAS L. 1532 S. DAYTONA AVENUE FLAGLER BEACH, FL 32136 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T/D DUENSING, WINNIE R. 4550 N. OCEAN SHORE BLVD. PALM COAST, FL 32137 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C/T VATH, RONALD 301 N. FLAGLER AVENUE FLAGLER BEACH, FL 32136 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GOODMAN, GLENDA G. 15 LAKE FOREST COURT PALM COAST, FL 32137-8053 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LAZEAR, LYLE R. 2737 N. OCEAN SHORE BLVD. FLAGLER BEACH, FL 32136 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LAZEAR, LINDA 2737 N. OCEAN SHORE BLVD. FLAGLER BEACH, FL 32136 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D SWAN, DOUGLAS L., SR. 1532 S. DAYTONA AVENUE FLAGLER BEACH, FL 32136 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | RONALD VATH, CHAIRMAN/TRUSTEE | | 04/03/2006 (386) 439-2160 <small>Date Daytime Phone #</small> | |