

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90062 019 ****61.25

40061908



DOCUMENT # 710511 1. Entity Name FLAGLER BEACH UNITED 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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01182007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-2349501	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SWAN, DOUGLAS I. 1532 SOUTH DAYTONA AVENUE FLAGLER BEACH, FL 32136				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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>				04/12/2007 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2007		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	TD DUENSING, WINNIE R <input type="checkbox"/> Delete 4550 N OCEAN SHORE BLVD PALM COAST, FL 32137			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT VATH, RONALD <input type="checkbox"/> Delete 301 N FLAGLER AVE FLAGLER BEACH, FL 32136			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODMAN, GLENDA G <input type="checkbox"/> Delete 15 LK FOREST CR PALM COAST, FL 321378053			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAZEAR, LYLE R <input type="checkbox"/> Delete 2737 N OCEAN SHORE BLVD FLAGLER BEACH, FL 32136			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAZEAR, LINDA <input checked="" type="checkbox"/> Delete 2737 N OCEAN SHORE BLVD FLAGLER BEACH, FL 32136			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S CAROL KATSOLIS 2099 JOYCE AVE FLAGLER BEACH, FL 32136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SWAN, DOUGLAS L SR <input type="checkbox"/> Delete 1532 S DAYTONA AVE FLAGLER BEACH, FL 32136			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: Winnie R Duensing <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				WINNIE R. DUENSING 4/12/07 386-445-5365 <small>Date Daytime Phone #</small>	