

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90207 015 ****70.00

40055763



DOCUMENT # 711720	
1. Entity Name COMMUNITY UNITED METHODIST CHURCH OF HOLIDAY, INC.	



Principal Place of Business 3214 U.S. HIGHWAY 19 HOLIDAY, FL 34691	Mailing Address 3214 U.S. HIGHWAY 19 HOLIDAY, FL 34691
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04172006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-1205636	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BEDDOW, MERLE 8604 ARROWHEAD DRIVE HUDSON, FL 34667		Name ANDERSON, KENNETH Street Address (P.O. Box Number is Not Acceptable) 4939 FLORAMAR TERRACE #906 City NEW PORT RICHEY FL Zip Code 34652	

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 Kenneth Anderson KENNETH ANDERSON, R.A. 4/17/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR WILDERMUTH, JOHN 4613 WEASEL DRIVE NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTR ANDERSON, KENNETH 4939 FLORAMAR TERRACE, #906 NEW PORT RICHEY, FL 34652 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR HOULT, LOIS 2317 CHATLIN ROAD HOLIDAY, FL 34691 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ANDERSON, JOHN 5379 PEACOCK DRIVE HOLIDAY, FL 34690 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR RAAP, LORRAINE 4217 HAMPTON DRIVE NEW PORT RICHEY, FL 34652 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR CAMPBELL, DANIEL 2657 ST JOSEPH DRIVE E DUNEDIN, FL 34698 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SIEBRASSE, SANDY 18041 OXENHAM AVE SPRING HILL, FL 34610 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR CRACOLICT, THOMAS 9031 SUNSHINE BOULEVARD NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR HOMO, ROY 4115 CLUSTER DRIVE HOLIDAY, FL 34691 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BROWN, LOIS 3731 FLORAMAR TERRACE NEW PORT RICHEY, FL 34652 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTR BEDDOW, MERLE 8604 ARROWHEAD DRIVE HUDSON, FL 34667 <input checked="" type="checkbox"/> Delete	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. (727)

SIGNATURE: Kenneth Anderson KENNETH ANDERSON, CHAIRMAN 4/17/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
40055763
711720

3214 U.S. Highway 19
Holiday, FL 34691
April 18, 2006


Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Community United Methodist Church of Holiday, Inc.

Gentlemen:

Enclosed is the 2006 Not-For-Profit Corporation Annual Report, along with a check in the amount of \$70.00 for the State filing fee plus a Certificate of Status.

Yours very truly,


Betty Cracolici
Secretary

Enclosures