

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

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 712286

1. Entity Name
MYAKKA CITY UNITED METHODIST CHURCH, INC.



Principal Place of Business
10535 LEBANON ST
MYAKKA CITY, FL 34251 US

Mailing Address
P O BOX 147
MYAKKA CITY, FL 34251-0147 US



01062007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2158483	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COKER, MARILYN
13015 SEMINOLE AVE
MYAKKA CITY, FL 33551

**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 re-registering) **DATE** _____

**Filing Fee is \$61.25
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	PD CARLTON, ROLAND 4955 WAUCHULA RD MYAKKA CITY, FL 34251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JUREWICZ, EILEEN 9320 WAUCHULA RD MYAKKA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARLTON, IRENE 37975 SR 70 E MYAKKA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COKER, MARILYN 10310 SEMINOLE AVE. MYAKKA CITY, FL 34251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000624281
02/14/07-80025-016 70.00

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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: Marilyn Coker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-07 (941) 322-1304
Date Daytime Phone #