


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90066 029 ****61.25

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|--|--|--|--|---|--|
| DOCUMENT # 712327 1. Entity Name LAKE PANASOFFKEE UNITED METHODIST CHURCH, INC. | | | |  | |
| Principal Place of Business 589 C.R. 470 LAKE PANASOFFKEE, FL 33538 | | | Mailing Address PO BOX 156 LAKE PANASOFFKEE, FL 33538 | | |
| 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 59-2328188 | |
| | | | | 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 | | |
| THORNTON, RANDALL N 2031 CR 470 LAKE PANASOFFKEE, FL 33538 | | | 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 _____ (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 | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S NELSON, COREY 2279 CR 412 LAKE PANASOFFKEE, FL 33538 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T WOODS, LEONARD P.O. BOX 1285 LAKE PANASOFFKEE, FL 33538 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DOBKINS, BETTYE J 2588 CR 447 LAKE PANASOFFKEE, FL 33538 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DALEY, PETER 2928 CR 422 A LAKE PANASOFFKEE, FL 33538 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MELIN, CHARLES 4312 SW 45TH AVENUE LAKE PANASOFFKEE, FL 33538 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ROBERT CLARK 808 CR 482 B LAKE PANASOFFKEE, FL 33538 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T GRASSO, GARY 5551 SW 18TH TERRACE BUSHNELL, FL 33513 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MCCARTNEY, GENE 1336 CR 459 LOT 9 LAKE PANASOFFKEE, FL 33538 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V | |
| 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date 2/14/06 Daytime Phone # 352-568-0626 | | | | | |