

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90183 030 ****61.25

DOCUMENT # 716818

1. Entity Name

**ASBURY UNITED METHODIST CHURCH OF BARTOW,
INC.**



Principal Place of Business

Mailing Address

**1650 S. JACKSON
BARTOW FL 33830**

**1650 S. JACKSON
BARTOW FL 33830**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1217980

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GILL, WILLIAM C.
2255 HELEN CIRCLE
BARTOW FL 33830**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WELLS, DEBORAH	
STREET ADDRESS	1120 S. GORDON AVE	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STEPHENS, HAZEL	
STREET ADDRESS	1695 S. BROADWAY	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GILL, WILLIAM C	
STREET ADDRESS	2255 HELEN CIRCLE	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	NELSON, NELL	
STREET ADDRESS	1675 VARNER DR.	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BENTON, HAROLD	
STREET ADDRESS	2055 S FLORAL AVE #125	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURPHY, JAMES	
STREET ADDRESS	540 PARK LANE W	
CITY-ST-ZIP	BARTOW FL 33830	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christine Tomlinson	
STREET ADDRESS	1965 Tripaul Court	
CITY-ST-ZIP	Bartow, FL 33830	
TITLE	S/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edna Vas	
STREET ADDRESS	835 Trish Place	
CITY-ST-ZIP	Bartow, FL 33830	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	W. Allen Brown	
STREET ADDRESS	1050 McLeod	
CITY-ST-ZIP	Bartow, FL 33830	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *William C Gill*

April 12, 2006