
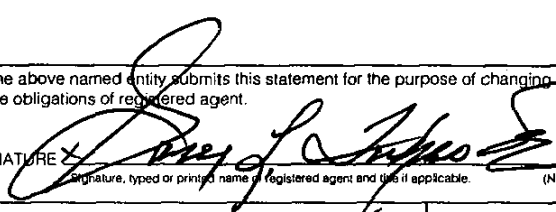
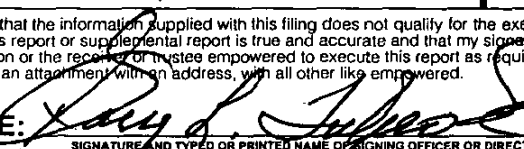


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90057 036 ****61.25

DOCUMENT # 716855							
1. Entity Name SEMINOLE UNITED METHODIST CHURCH, INC.							
Principal Place of Business 5400 SEMINOLE BLVD SEMINOLE, FL 33772			Mailing Address 5400 SEMINOLE BLVD SEMINOLE, FL 33772				
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 59-0760227			
				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			7. Name and Address of New Registered Agent				
BURG, ROBERT 9009 BAYWOOD PARK DR SEMINOLE, FL 33776			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 			DATE 3/7/06				
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)				
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	TC	<input type="checkbox"/> Delete	TITLE	TC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BURG, ROBERT		NAME	Gary Tuhro			
STREET ADDRESS	9009 BAYWOOD PARK DR		STREET ADDRESS	10286 110th Way N.			
CITY-ST-ZIP	SEMINOLE, FL 33776		CITY-ST-ZIP	Largo, Florida 33778			
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOHONY, EUGENE		NAME	Vint Hubbard			
STREET ADDRESS	7886 LAKE VISTA DR		STREET ADDRESS	14950 Gulf Blvd			
CITY-ST-ZIP	SEMINOLE, FL 33772		CITY-ST-ZIP	Madeira Beach, FL 33708			
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LINDOW, ROY		NAME	Bat Pierson			
STREET ADDRESS	11032 117TH WAY NORTH		STREET ADDRESS	9710 54th Ave. N.			
CITY-ST-ZIP	LARGO, FL 33773		CITY-ST-ZIP	Seminole, FL 33708			
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	VOYVODICH, TED		NAME	Lee Strickland			
STREET ADDRESS	12593 80TH AVE		STREET ADDRESS	11256 Kapok Grand Circle			
CITY-ST-ZIP	SEMINOLE, FL 33776		CITY-ST-ZIP	Madeira Beach, FL 33708			
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ORR, SHIRLEY		NAME	Marie Burnison			
STREET ADDRESS	11210 CHEROKEE DR		STREET ADDRESS	9448 121st. St. N.			
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708		CITY-ST-ZIP	Seminole, FL 33772			
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	RICE, CECIL		NAME	Allen Godfrey			
STREET ADDRESS	2692 65TH WAY N		STREET ADDRESS	9257 111th St.			
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708		CITY-ST-ZIP	Seminole, FL 33772			
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: 			DATE: 3/7/06				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date				