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



## **FILED** Feb 26, 2007 8:00 am Secretary of State

DOCUMENT # 717558  1. Entity Name CHRIST UNITED METHODIST CHURCINC.	02-	-26-2007 90066 03	1 ****61.	25			
Principal Place of Business 745 LAKE MIRIAM DRIVE LAKELAND, FL 33813-2152  Mailing Address 745 LAKE MIRIAM DRIVE LAKELAND, FL 33813-2152			400242	94			
Principal Place of Business - No P.O. Box #     Mailing Address							
Suite, Apt. #, etc.	Suite, Apt. #, etc.	, Apt. #, etc.		g-NP CR2E03	37 (12/06)		
City & State	City & State	City & State		1	_ <del>   </del>	plied For t Applicable	
Zip Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Rec	gistered Agent		7. Name and Addr	ess of New Registered	Agent		
PEASE. HENRY		Name					
745 LAKE MIRIAM DR LAKELAND, FL 33813			Street Address (P.O. Box Number is Not Acceptable)				
			FL Zip Code				
the obligations of registered agent.  SIGNATURE 1  Signature, typed or printed name of registered agent and to	<u>-</u>	Registered Agent signature re		DATÉ			
Filing Fee is \$61.25  Due by May 1, 2007  9. Election Campaign Filing Trust Fund Contribution			\$5.00 May Be Added to Fees	Added to Fees Florida Department of State			
TITLE CBDT NAME PEASE, HENRY STREET ADDRESS CITY-SI-ZIP LAKELAND, FL 33813	CTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGE	S TO OFFICERS AND DI	RECTORS IN	Addition	
TITLE BDT NAME KURTZ, GEORGIANNA STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33813	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE T NAME WETZEL, JERRY STREET ADDRESS 407 HIGHVIEW LANE CITY-ST-ZIP LAKELAND, FL 33803	Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	

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

1572607 646-3213
Date Daytime Phone e