

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

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90170 040 \*\*\*\*61.25

**DOCUMENT # 717821**

1. Entity Name

KILLEARN UNITED METHODIST CHURCH, INC.



Principal Place of Business

2800 SHAMROCK SOUTH  
TALLAHASSEE FL 32308

Mailing Address

2800 SHAMROCK SOUTH  
TALLAHASSEE FL 32308

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

59-1486348

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TISCHLER, KEITH C  
1669 MAHAN CENTER BLVD  
TALLAHASSEE FL 32308

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 D ☒ Delete  
NAME BOYNTON, SUE  
STREET ADDRESS 2560 OX BOTTOM RD  
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE VPD ☒ Delete  
NAME MORETON, ALAN  
STREET ADDRESS 3050 BARCLAY CT.  
CITY-ST-ZIP TALLAHASSEE FL 32309

TITLE S ☐ Delete  
NAME SMITH, BEVERLY  
STREET ADDRESS 2813 WHITTINGTON DR  
CITY-ST-ZIP TALLAHASSEE FL 32309

TITLE P ☐ Delete  
NAME SMITH, CHRISTIAN B  
STREET ADDRESS 2408 SHALLEY DR  
CITY-ST-ZIP TALLAHASSEE FL 32309

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Change ☐ Addition  
NAME Sean Stafford  
STREET ADDRESS 3046 Hawks Gln  
CITY-ST-ZIP Tallahassee FL 32312

TITLE VPD ☒ Change ☐ Addition  
NAME Steve Palmer  
STREET ADDRESS 210 Live Oak Lane  
CITY-ST-ZIP Havana FL 32333

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #