

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720775

FILED
Apr 04, 2005
Secretary of State

Entity Name: THE SHALIMAR UNITED METHODIST CHURCH OF SHALIMAR, FLORIDA, INC.

Current Principal Place of Business:

OF SHALIMAR FLORIDA INC
P O BOX 795, FERRY ROAD AND MEIGS DR.
SHALIMAR, FL 325797795

New Principal Place of Business:

Current Mailing Address:

OF SHALIMAR FLORIDA INC
P O BOX 795, FERRY ROAD AND MEIGS DR.
SHALIMAR, FL 325797795

New Mailing Address:

FEI Number: 59-1156999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENGLERT, JOHN R
732 PROVIDENCE WAY
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: PEACOCK, JD
Address: 20 HILLCREST DRIVE
City-St-Zip: SHALIMAR, FL 32579

Title: T () Delete
Name: ANGELA COLTON,
Address: 21 PEBBLE BEACH DR
City-St-Zip: SHALIMAR, FL 32579

Title: CT () Delete
Name: HEARS, JEFFREY
Address: 2800 ARNOLD PALMER CT.
City-St-Zip: SHALIMAR, FL 32579

Title: VT () Delete
Name: OLSON, MARV
Address: 21 DORAL DRIVE
City-St-Zip: SHALIMAR, FL 32579

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VT (X) Change () Addition
Name: PEACOCK, JD
Address: 20 HILLCREST DRIVE
City-St-Zip: SHALIMAR, FL 32579 US

Title: T (X) Change () Addition
Name: COLTON, ANGELA
Address: 21 PEBBLE BEACH DR
City-St-Zip: SHALIMAR, FL 32579 US

Title: ST (X) Change () Addition
Name: BURKETT, LISA
Address: 235 YACHT CLUB DR., N.E
City-St-Zip: FT. WALTON BEACH, FL 32548 US

Title: CT (X) Change () Addition
Name: OLSON, MARV
Address: 21 DORAL DRIVE
City-St-Zip: SHALIMAR, FL 32579

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA COLTON

T

04/04/2005

Electronic Signature of Signing Officer or Director

Date