

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720775

FILED  
Feb 01, 2006  
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: VT ( ) Delete  
Name: PEACOCK, JD  
Address: 20 HILLCREST DRIVE  
City-St-Zip: SHALIMAR, FL 32579 US

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: C (X) Change ( ) Addition  
Name: BETHEA, MARK  
Address: 174 COUNTRY CLUB ROAD  
City-St-Zip: SHALIMAR, FL 32579 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: F (X) Change ( ) Addition  
Name: PARKER, BRANCE  
Address: 890 THE MASTERS BLVD  
City-St-Zip: SHALIMAR, FL 32579 US

Title: TR (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 Chapter 119, 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: MARK BETHEA

C

02/01/2006

Electronic Signature of Signing Officer or Director

Date