2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #720775

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



FILED Feb 16, 2007 8:00 am Secretary of State

02-16-2007 90029 017 ****61.25

OF SHALMAR FLORIDA INC PORDX 795, FERRY NOOA AND MEIGS DR. SHALMAR, FL 32579-7795 SHALMAR, FL 32579 City & State City & S					1							
Suite Act #, etc	OF SHALIMAR FLORIDA INC OF S P O BOX 795, FERRY ROAD AND MEIGS DR. P O			SHALIMAR FLORIDA INC) Box 795, Ferry Road and Meigs dr.								
City & State City & State and Address of Current Registered Agent 7. Name and Address of New Registered Agent Registered Agent Registered Agent Registered Agent 7. Name and Address of New Registered Agent Registered	2. Principal Place of Business - No P.O. Box # 3. Mai			ailing Address								
Second S	Suite, Apt. #, etc. S			Suite, Apt. #, etc.			01242007	Chg-NP	CR2E03	7 (12/06)		
S. Cerricace of Status Desired Fee Required Fee	City & State			City & State								
ENGLERT, JOHN R 732 PROVIDENCE WAY NICEVILLE, FL 32578 8. The above named entity submits this statement for the ourbose of changing its registered office or registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Filling Foe is \$61.25	Zip	p Country Zio			Country	Country 5. Certificate of Status Desired						
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zio Code 8. The above named entity submits this statement for the buroose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hand or present area of registered agent. Filling Fee is \$61.25 Due by May 1, 2007 9. Election Campaign Financing Trust Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 BETHEA MARK SIREL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Defete BITLE AMAE SIREL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Defete TILE COLTON, ANGELA SIREL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Defete TILE AMAE COLTON, ANGELA SIREL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Defete TILE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Defete TILE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Defete TILE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Defete TILE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Defete TILE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Defete TILE ADDITIONS/CHANGES CONTROL OFFICERS AND DIRECTORS IN 10 Defete TILE ADDITIONS/CHANGES CONTROL OFFICERS AND DIRECTORS IN 10 Defete TILE ADDITIONS/CHANGES CONTROL OFFICERS AND DIRECTORS IN 10 Defete TILE ADDITIONS/CHANGES CONTROL OFFICERS AND DIRECTORS IN 10 Defete TILE ADDITIONS/CHANGES CONTROL OFFICERS AND DIRECTORS IN 10 Defete TILE ADDITIONS/CHANGES CONTROL OFFICERS AND DIRECTORS IN 10 Defete TILE ADDITIONS/CHANGES CONTROL OFFICERS AND DIRECTORS IN 10 Defete TILE ADDITIONS/CHANGES CONTROL OFFICERS AND DIRECTORS IN 10 DEFET ADDRESS CONTROL OFFICERS AND D		6. Name and Address of Current	Registere	d Agent			7. Name and A	Address of New	Registered A	gent		
Sheel Address (P.O. Box Number is Not Acceptable) City FL Zio Code	ENCLEDT JOHN B				Name							
B. The above named entity submits this statement for the ourcose 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 Symbol S	732 PROVIDENCE WAY NICEVILLE, FL 32578			Street Address			(P.O. Box Number	is Not Acceptat	ole)			
8. The above named entity submits this statement for the ourcose of changing its registered office or registered agent. or both, in the State of Fiorida. Tam tamiliar with, and accept the obligations of registered agent. Filing Fee is \$61.25					City	· ·			FI	Zip Cod	e	
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Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE C	SIGNATURE .	Signature, typed or printed name of registered agent	and the flagg	licable. (NOTE	Rog stored Agent signs	furn require	ed when reinstating)		DATE			
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12. Thereby 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		I sorthy that the information gunnlind with	a thin filling	done het evelit fe			d :- Obsessed 110	Flaciala Casa and	1.6			

Indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied enter the proof 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.

GNATURE.

MARK BETHEA 02 Feb 07 850-244-9117

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED-NAME OF SIGNING OFFICER OR DIRECTOR