


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # 722034 1. Entity Name CHRIST UNITED METHODIST CHURCH OF MILTON, FLORIDA, INCORPORATED	
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Principal Place of Business 5983 DOGWOOD ST MILTON, FL 32570-3330 US	Mailing Address 5983 DOGWOOD ST MILTON, FL 32570-3330 US
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DO NOT WRITE IN THIS SPACE



04212006 No Chg-NP CR2E037 (11/05)

4. FCI Number 59-1926257	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CHAPMAN, ROBERT 5215 MORGAN RIDGE DRIVE MILTON, FL 32570
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	CD
NAME	BIGNER, RICHARD
STREET ADDRESS	5608 ELIZABETH WAY
CITY-ST-ZIP	MILTON, FL 32570
TITLE	T
NAME	CLARK, SUSAN
STREET ADDRESS	5157 SPRINGDALE DRIVE
CITY-ST-ZIP	MILTON, FL 32570
TITLE	D
NAME	SCHOENHERR, KAY
STREET ADDRESS	5953 HAMILTON BRIDGE ROAD
CITY-ST-ZIP	MILTON, FL 32570
TITLE	D
NAME	CHAPMAN, ROBERT
STREET ADDRESS	5285 MORGAN RIDGE DR
CITY-ST-ZIP	MILTON, FL 32570
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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000000534226
 05/08/06-80004-002 61.25

12. I hereby 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 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: Robert V. Chapman 04-23-06 850-623-8820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #