

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722034

FILED
Apr 30, 2007
Secretary of State

Entity Name: CHRIST UNITED METHODIST CHURCH OF MILTON, FLORIDA, INCORPORATED

Current Principal Place of Business:

5983 DOGWOOD ST
MILTON, FL 325703330 US

New Principal Place of Business:

5983 DOGWOOD ST
MILTON, FL 32570 US

Current Mailing Address:

5983 DOGWOOD ST
MILTON, FL 325703330 US

New Mailing Address:

5983 DOGWOOD ST
MILTON, FL 32570 US

FEI Number: 59-1926257

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAPMAN, ROBERT
5215 MORGAN RIDGE DRIVE
MILTON, FL 32570 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: CD () Delete
Name: BIGNER, RICHARD
Address: 5608 ELIZABETH WAY
City-St-Zip: MILTON, FL 32570

Title: T () Delete
Name: CLARK, SUSAN
Address: 5157 SPRINGDALE DRIVE
City-St-Zip: MILTON, FL 32570

Title: D () Delete
Name: SCHOENHERR, KAY
Address: 5853 HAMILTON BRIDGE ROAD
City-St-Zip: MILTON, FL 32570

Title: D () Delete
Name: CHAPMAN, ROBERT
Address: 5285 MORGAN RIDGE DR
City-St-Zip: MILTON, FL 32570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: SUSAN CLARK

T

04/30/2007

Electronic Signature of Signing Officer or Director

Date