

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90200 022 ****61.25

DOCUMENT # 729015

1. Entity Name
**FIRST UNITED PENTECOSTAL CHURCH OF
WEWAHITCHKA, INC.**



Principal Place of Business
**619 SOUTH HIGHWAY 71
WEWAHITCHKA, FL 32465 US**

Mailing Address
**619 SOUTH HIGHWAY 71
P.O. BOX 967
WEWAHITCHKA, FL 32465 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07062005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2302044

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, DAREN L
619 HWY 71 S
WEWAHITCHKA, FL 32465**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME DAVIS, DAREN L
STREET ADDRESS 619 HWY 71 S
CITY-ST-ZIP WEWAHITCHKA, FL 32465

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CHUMNEY, THOMAS M
STREET ADDRESS 282 KATE GLASS RD.
CITY-ST-ZIP WEWAHITCHKA, FL 32465

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WHITEHURST, HIRAM
STREET ADDRESS 845 N HWY 71
CITY-ST-ZIP WEWAHITCHKA, FL 32465

TITLE D ☒ Change ☐ Addition
NAME BISHOP, JOHN
STREET ADDRESS 8187 STATE RD 71-S
CITY-ST-ZIP BLOUNTSTOWN FL 32424

TITLE ST ☐ Delete
NAME CHUMNEY, LINDA T
STREET ADDRESS 272 KATE GLASS RD.
CITY-ST-ZIP WEWAHITCHKA, FL 32465

TITLE ☒ Change ☐ Addition
NAME CHUMNEY LINDA
STREET ADDRESS 282 KATE GLASS RD
CITY-ST-ZIP WEWAHITCHKA FL 32465

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Linda Chumney*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/05

Date

850 639 2222

Daytime Phone #