

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732296

FILED  
Apr 24, 2006  
Secretary of State

**Entity Name:** SOUTHEAST MENNONITE CONFERENCE, INC.

**Current Principal Place of Business:**

35 S BENEVA RD  
SARASOTA, FL 34232

**New Principal Place of Business:**

**Current Mailing Address:**

35 S BENEVA RD  
SARASOTA, FL 34232

**New Mailing Address:**

**FEI Number:** 59-1788846

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEILER, NOAH  
55 TATUM RD  
SARASOTA, FL 34240 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: VD ( ) Delete  
Name: GOERTZ, CHARLES  
Address: 966 S BLUEBIRD LN  
City-St-Zip: HOMESTEAD, FL 33035

Title: D ( ) Delete  
Name: NAUMAN, KEN  
Address: 922 W. HICKORY STREET  
City-St-Zip: ARCADIA, FL 34266

Title: PD ( ) Delete  
Name: IVY, DALE  
Address: 16970 22ND STREET  
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: STD ( ) Delete  
Name: BEACHEY, DALE  
Address: 4929 OLD CREEK DR.  
City-St-Zip: SARASOTA, FL 34233

**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 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: DALE BEACHEY

STD

04/24/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date