

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90018 034 ****61.25

DOCUMENT # 732453

1. Entity Name
**FIRST UNITED METHODIST CHURCH / HOMOSASSA
AREA INC.**



Principal Place of Business
**8831 W BRADSHAW ST.
HOMOSASSA, FL 34446 US**

Mailing Address
**8831 W BRADSHAW ST.
HOMOSASSA, FL 34446 US**

50003616



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02242006

Chg-NP

CR2E037 (11/05)

City & State

City & State

4. FEI Number

59-2167026

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BUNITING, ROBERT
105 OAK VILLAGE BLVD.
HOMOSASSA, FL 34446**

Name

SMITH, ELIZABETH

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

30 BYRSONIMA CT S

City

HOMOSASSA,

FL

Zip Code
34446

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.

Elizabeth Smith, Trustee/Chairperson

(NOTE: Registered Agent signature required when reinstating)

3/9/2006

DATE

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

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 ☒ Delete
NAME **TCP**
STREET ADDRESS **BUNITING, ROBERT**
CITY-ST-ZIP **105 OAK VILLAGE BLVD
HOMOSASSA, FL 34447**

TITLE ☐ Change ☒ Addition
NAME **SMITH, ELIZABETH**
STREET ADDRESS **30 BYRSONIMA CT S**
CITY-ST-ZIP **HOMOSASSA, FL 34446**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **BAST, KATHRYN**
CITY-ST-ZIP **54 BYRSONIMA CIR
HOMOSASSA, FL 34446**

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

TITLE ☐ Delete
NAME **TS**
STREET ADDRESS **LAMOUNTAIN, JACKIE**
CITY-ST-ZIP **1523 N MARLBOROUGH LP
CRYSTAL RIVER, FL 34429**

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **KOHLER, CLARENCE**
CITY-ST-ZIP **5591 W TICE CT
HOMOSASSA, FL 34446**

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

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 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:

Elizabeth Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elizabeth Smith

3/9/06

Date

352-628-4083

Daytime Phone #