


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90099 008 \*\*\*\*61.25

<b>DOCUMENT # 732972</b>					
1. Entity Name <b>THE FIRST UNITED METHODIST CHURCH OF IMMOKALEE, INC.</b>					
Principal Place of Business 303 N 9TH ST. IMMOKALEE, FL 34142 US		Mailing Address 303 N 9TH ST. IMMOKALEE, FL 33934			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01142006 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number 59-1963954	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BENSON, PEGGY 709 NORTH 11TH STREET IMMOKALEE, FL 34142			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARFORD, JEANNE K		NAME		
STREET ADDRESS	303 N 9TH ST PO BOX 5123		STREET ADDRESS		
CITY-ST-ZIP	IMMOKALEE, FL 34143		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, GLENN		NAME		
STREET ADDRESS	609 GLADIOLA STREET		STREET ADDRESS		
CITY-ST-ZIP	IMMOKALEE, FL 34142		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JERRY		NAME		
STREET ADDRESS	7190 TRAFFORD OAK ROAD		STREET ADDRESS		
CITY-ST-ZIP	IMMOKALEE, FL 34142		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	GRIGGS, GERALD	
STREET ADDRESS			STREET ADDRESS	2435 70TH AVENUE NE	
CITY-ST-ZIP			CITY-ST-ZIP	NAPLES, FL 34120	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Jeanne K Warford</i>		JEANNE K. WARFORD		01/18/ 2006 239-657-2841	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	