


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90068 002 \*\*\*\*61.25

**DOCUMENT # 733480**

1. Entity Name  
**THE CARLSON MEMORIAL UNITED METHODIST CHURCH, INC.**



Principal Place of Business  
**310 CAMPBELL ST  
 LABELLE, FL 33935 US**

Mailing Address  
**310 CAMPBELL ST  
 LABELLE, FL 33935 US**

**20013599**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01062005 Chg-NP CR2E037 (10/03)

City & State  
 City & State

Zip Country Zip Country

4. FEI Number  
**59-6137913**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**VOJAK, AMBER J  
 2164 CJ LANE  
 LA BELLE, FL 33935**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	P	<input type="checkbox"/> Delete
NAME	VOJAK, AMBER	
STREET ADDRESS	2164 CJ LANE	
CITY-ST-ZIP	LABELLE, FL 33935	
TITLE	V	<input type="checkbox"/> Delete
NAME	BAKER, MALCOLM	
STREET ADDRESS	400 CALOOSA ESTATES DR	
CITY-ST-ZIP	LABELLE, FL 33935	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOFTON, JAMES	
STREET ADDRESS	468 N RIVER ROAD	
CITY-ST-ZIP	LABELLE, FL 33935	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAKER, MARY LEE	
STREET ADDRESS	671 ROPE BEND DR	
CITY-ST-ZIP	LABELLE, FL 33935	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIDSON, BEAUFORD E	
STREET ADDRESS	352 LEE STREET	
CITY-ST-ZIP	LABELLE, FL 33935	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PAUL, JACK	
STREET ADDRESS	110 N. LIVE OAK LANE	
CITY-ST-ZIP	LABELLE, FL 33935	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUNCH, ADAM	
STREET ADDRESS	19650 MARSHALL FIELD RD. SW	
CITY-ST-ZIP	MOORE HAVEN, FL 33471	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, RUSSELL J.	
STREET ADDRESS	62100 Frontier Circle SW	
CITY-ST-ZIP	LABELLE, FL 33935	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMALLEY, RONALD	
STREET ADDRESS	3260 FT. Denaud Rd	
CITY-ST-ZIP	LaBelle, FL 33935	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** Amber J. Vojak, Trustee **2/11/05** **863 675-0656**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #