2006 NOT-FOR-PROFIT CORPORATION

FILED May 03, 2006 8:00 am Secretary of State

| ANNUAL REPORT | 1011 |
|---------------|------|
| | |

| 1. Entity Nam | MENT #734021 JNITED METHODIST CHURCI | H, INC. | | 05-03-2006 90211 022 ****61.25 | | | | |
|---|--|---|---|--|--|--|--|--|
| 467 - 1ST AVE. NORTH 467 - | | Mailing Address 467 - 1ST AVE. NORTH ST. PETERSBURG, FL 33701 | | 40081205 | | | | |
| 2. Principal Place of Business 3. Maili | | Mailing Address | | | | | | |
| Suite, Apt. #, etc. Suit | | Suite, Apt. #, etc. | | 04262006 Chg-NP CR2E037 (11/05) | | | | |
| City & State City | | City & State | | 4. FEI Number Applied For 59-0637833 Not Applicable | | | | |
| Zip | Country | Zip C | ountry | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | | |
| | 6. Name and Address of Current Regis | stered Agent | | Name and Address of New Registered Agent | | | | |
| | ANIEL B. DR LAKE DR. N. RSBURG, FL 33701 | | 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 Fiorida. 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 remstating) DATE | | | | | | | | |
| | Filing Fee is \$61.25 Due by May 1, 2006 | 9. Election Campaign Trust Fund Contrib | Financing | \$5.00 May Be Make check payable to Added to Fees Florida Department of State | | | | |
| 10. | OFFICERS AND DIRECT | ORS 11 | I. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD FRAZE, RICHARD 8065-52ND LANE N. PINELLAS PARK, FL | Delete TI NA | TLE CT NAME LOS TREET ADDRESS S | · | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FARBER, DAN 5455 URBANE ST NORTH ST. PETERSBURG, FL | N/ S7 | TLE VD | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BORTNER, FRANK 2865 54TH ST N SAINT PETERSBURG, FL 33710 | NA ST | TLE BOI REET ADDRESS 280 | orther, Frank 165-545t. N. | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD PETERSON, WILLARD 6188 80TH ST N #403 SAINT PETERSBURG, FL 33709 | NA ST | TLE Per Street Address Stry-St-zip Str | Petersburg, FL 33710 terson, Willard 88-80 51. N. # 403 4. Petersburg, FL 33709 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD RODOCKER, TRICIA 451-27 AVE. N. ST PETERSBURG, FL | NA ST | TLE D | -aze, Richard -aze, Richard 1065-5204 Lane N inelias Park, FL 33781 | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | D EVANS, PATRICIA 4379 S 43 ST ST PETERSBURG, FL | NA ST CI | TLE MME REET ADDRESS TY-ST-ZIP | Change Addition Change Addition | | | | |

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: