


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 734337

1. Entity Name
ST. PAUL UNITED METHODIST CHURCH OF DEERFIELD BEACH, INC.



Principal Place of Business Mailing Address

**244 S.E. 2ND AVE.
 DEERFIELD BEACH, FL 33441** **244 S.E. 2ND AVE.
 DEERFIELD BEACH, FL 33441**

DO NOT WRITE IN THIS SPACE



01102006 No Chg-NP CR2E037 (11/05)

4. FEI Number **59-2435019** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MORELAND, JOHN L
 124 N W 15TH STREET
 POMPANO BEACH, FL 33060**

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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, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POITIER, SYLVIA 283 SW 1ST TERR DEERFIELD BCH, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORELAND, JOHN 124 N W 15TH ST POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAWSON, CAROLYN 365 N W 3RD ST DEERFIELD BCH, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MELTON, ROMALIEE 1350 S W 5TH AVE DEERFIELD BCH, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIXON, W A REV 244 S E 2ND AVE DEERFIELD BCH, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OATTS, JACQUELINE 1340 S W 5TH AVE DEERFIELD BEACH, FL 33441

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UD0000396824
 01/30/06-80023-025 61.25
 UD0000396824
 01/30/06-80023-026 8.75

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: Carolyn Lawson 01-17-06 (954) 427-5094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #