

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90040 017 ****61.25

DOCUMENT # 737749

1. Entity Name

ALTOONA UNITED METHODIST CHURCH, INC.



Principal Place of Business

HWY 19 NORTH 42631
PO BOX 114
ALTOONA FL 32702-0114
US

Mailing Address

HWY 19 NORTH 42631
PO BOX 114
ALTOONA FL 32702-0114
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2340905

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEIBERT, DAVIS B
412 MAPLE TREE DRIVE
ALTOONA FL 32702

7. Name and Address of New Registered Agent

Name John A.A. Gaffey

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

4 BEACH STREET

City

UMATILLA,

FL

Zip Code

32784

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

John A.A. Gaffey

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

APRIL 3, 2006

DATE

FILE NOW: 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

TITLE	D	<input type="checkbox"/> Delete
NAME	CHAMBERS, BERTHA	
STREET ADDRESS	47626 BEAR ROAD	
CITY-ST-ZIP	ALTOONA FL 32702	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAHOLM, JOE	
STREET ADDRESS	29760 S.E. 150TH STREET	
CITY-ST-ZIP	ALTOONA FL 32702	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROGERS, JAMES	
STREET ADDRESS	20407 WOOD DUCK ROAD	
CITY-ST-ZIP	ALTOONA FL 32702	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCDONALD, NEIL D	
STREET ADDRESS	28130 SE 175TH ST	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEIBERT, DAVIS	
STREET ADDRESS	412 MAPLE TREE DRIVE	
CITY-ST-ZIP	ALTOONA FL 32702	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERGUSON, Shirley	
STREET ADDRESS	28998 S.E. 175TH ST.	
CITY-ST-ZIP	UMATILLA, FL 32784	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANGUS, RICK	
STREET ADDRESS	19006 THOMAS Rd.	
CITY-ST-ZIP	ALTOONA, FL 32702	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THEISEN, RON	
STREET ADDRESS	45833 ILLINOIS Rd.	
CITY-ST-ZIP	ALTOONA, FL 32702	
TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gaffey, John A.A.	
STREET ADDRESS	4 BEACH ST.	
CITY-ST-ZIP	UMATILLA, FL 32784	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIBSON, JAMES L. SR.	
STREET ADDRESS	37039 Pine Meadows Ln.	
CITY-ST-ZIP	UMATILLA, FL 32784	
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 exemptions contained in Section 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:

John A.A. Gaffey

John A.A. Gaffey

April 3 2006 352-669-7904