


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90064 040 ****61.25

| | | | | | |
|--|---|---|---|--|--|
| DOCUMENT # 739423 1. Entity Name INDEPENDENT FREE METHODIST CHURCH, INC. | | | |  | |
| Principal Place of Business 1309 E GRANT AVE MT DORA, FL 32757 US | | | Mailing Address PO BOX 213 MT DORA, FL 32757 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| DENNIS, LEROY 7810 AMBURY CT <i>AMBURY CT</i> ORLANDO, FL 32835 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ASHLEY, CALVIN A. | | NAME | | |
| STREET ADDRESS | P.O. BOX 577 N/A | | STREET ADDRESS | | |
| CITY-ST-ZIP | DELAND, FL | | CITY-ST-ZIP | | |
| TITLE | P <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | TAYLOR, LUCIOUS | | NAME | | |
| STREET ADDRESS | 4931 NW 52ND PL | | STREET ADDRESS | | |
| CITY-ST-ZIP | OCALA, FL 34482 | | CITY-ST-ZIP | | |
| TITLE | VDVP <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | REED, C J | | NAME | | |
| STREET ADDRESS | 1511 JEFFERSON DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | MOUNT DORA, FL 32757 | | CITY-ST-ZIP | | |
| TITLE | SD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DULIAS, TIFFANY | | NAME | | |
| STREET ADDRESS | 1829 JEFFERSON DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | MOUNT DORA, FL 32757 | | CITY-ST-ZIP | | |
| TITLE | SD <input checked="" type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WATSON, RUTH | | NAME | | |
| STREET ADDRESS | 1650 TREMAIN STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | MOUNT DORA, FL | | CITY-ST-ZIP | | |
| TITLE | TD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | JONES, PEARLIE | | NAME | | |
| STREET ADDRESS | POB 544 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MOUNT DORA, FL 32756 | | 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>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 3-26-07 <small>Date</small> | | |
| | | | <small>Daytime Phone #</small> | | |