


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90028 021 ****61.25

DOCUMENT # 741083

1. Entity Name
ENGLEWOOD UNITED METHODIST CHURCH, INC.



Principal Place of Business
**700 E DEARBORN ST
 ENGLEWOOD, FL 34223 US**

Mailing Address
**170 W DEARBORN ST
 ENGLEWOOD, FL 34223 US**

60027780



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

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

City & State

Zip Country Zip Country

03192007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1461291

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**DUNKIN, DAVID A.
 150 W. DEARBORN
 ENGLEWOOD, FL 34223**

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

Filing Fee is **\$61.25**
 Due by **May 1, 2007**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTR MANGUSE, PETER 650 SUNCREST LN ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTR MANGUSE, PETER 650 SUNCREST LN ENGLEWOOD, FL 34223 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTR KORSZEN, BOGIE 7060 LARSON ST. ENGLEWOOD, FL 34223 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAINES, FLORA 4260 PLACIDA RD #8-D ENGLEWOOD, FL 34223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ARNOLD, IRVIN 9221 SN BERNANDIO AVE. ENGLWEWOOD, FL 34223 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR HICKS, KATHY 425 N OXFORD DRIVE ENGLEWOOD, FL 34223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STR HARRISON, BETH 386 FIRETHORN AVE. ENGLEWOOD, FL 34224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR HOOK, BOYD 150 MARINA ISLES DRIVE ENGLEWOOD, FL 34223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHEPPARD, DON 1065 SCHOONER LN. ENGLEWOOD, FL 34224 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR RAINEY, DAN 8472 KINGLET DRIVE ENGLEWOOD, FL 34224 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR FRAME, HOWARD 30 JAMESTOWN AVE ENGLEWOOD, FL 34223 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR EBERSOLDT, NEIL 512 PINE SHADOW LANE NORTH PORT, FL 34287 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Peter Manguse*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SEE ATTACHED

ATTACHMENT

ATTACHMENT

60037780

#741083

CHANGES TO ANNUAL REPORT
FOR ENGLEWOOD UNITED METHODIST CHURCH, INC.

OFFICERS AND DIRECTORS

TITLE	VTR	<input type="checkbox"/> CHANGE	<input checked="" type="checkbox"/> ADD
NAME	GUILLEM, KEN		
ST ADDRESS	58 BUNKER CT.		
CITY, STATE, ZIP	ROTONDA WEST, FL 33947		

TITLE	TR	<input type="checkbox"/> CHANGE	<input checked="" type="checkbox"/> ADD
NAME	KENNEDY, STEVE		
STREET ADDRESS	5 CADDY RD		
CITY, STATE, ZIP	ROTONDA WEST, FL 33947		