2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743071

FILED Mar 15, 2006 Secretary of State

Entity Name: COMMUNITY UNITED METHODIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 3114 OKEECHOBEE ROAD FT. PIERCE, FL 34947 **Current Mailing Address: New Mailing Address:** 3114 OKEECHOBEE RD. FT. PIERCE, FL 34947 FEI Number: 59-1233481 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SURFACE, RICK 1108 SOUTH 8TH ST. FORT PIERCE, FL 464-8526 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition KYER, ED Name: KYER, ED Name: 5589 NW SCEPTER DR. Address: 5589 NW SCEPTER DR. Address: City-St-Zip: PORT ST. LUCIE, FL 34983 City-St-Zip: PORT ST. LUCIE, FL 34983 Title: () Delete Title: TREA (X) Change () Addition Name: KEYS, ORIN Name: KEYS, ORIN Address: 357 BAYSINGER AVE. Address: 357 BAYSINGER AVE. City-St-Zip: FORT PIERCE, FL 34982 City-St-Zip: FORT PIERCE, FL 34982 Title: () Delete Title: () Change () Addition VAN GOETHEM, DWAIN Name: Name: Address: 5192 NW EVER RD. Address: City-St-Zip: PORT ST. LUCIE, FL 34983 City-St-Zip: Title: () Delete Title: () Change () Addition MAXFIELD, BENNIE Name: Name: Address: 3900 MILLISA TERR. Address: City-St-Zip: FORT PIERCE, FL 34947 City-St-Zip: Title: () Delete Title: () Change () Addition SMITH, RICK Name: Name: 5706 NW MACEDO Address: Address: City-St-Zip: PORT ST. LUCIE, FL 34983 City-St-Zip: Title: () Delete Title: (X) Change () Addition ROSBURY, ROBERT PAXTON, NORMAN Name: Name: Address: 2828 IROQUOIS AVE. Address: 4052 GREENWOOD DR. FORT PIERCE, FL 34982 FORT PIERCE, FL 34946 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICK SURFACE C 03/15/2006