


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-26-2007 90028 050 ****61.25

DOCUMENT # 743294 1. Entity Name SYLVAN ABBEY UNITED METHODIST CHURCH, INC.					
Principal Place of Business 2817 SUNSET POINT RD. CLEARWATER, FL 33759 US			Mailing Address 2817 SUNSET POINT RD. CLEARWATER, FL 33759 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	4. FEI Number 59-2339636	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GIBBS, TOM 3387 THALIA COURT CLEARWATER, FL 33761				Name DELORES KESSNER Street Address (P.O. Box Number is Not Acceptable) 2417 PERSIAN DR. #27 City CLEARWATER FL 33763	
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 <i>Delores Kessner</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 1-24-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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 NAME STREET ADDRESS CITY-ST-ZIP	P GIBBS, TOM 3387 THALIA COURT CLEARWATER, FL 33761		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DELORES KESSNER 2417 PERSIAN DR #27 CLEARWATER, FL 33763	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUDBURY, ED 2815 COUNTRYBROOK DRIVE # 16 PALM HARBOR, FL 34684		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MEANS, KARL 1275 TEAHOUSE DR. CLEARWATER, FL 33764		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR VINSON, SAM 1824 CARDINAL DR CLEARWATER, FL 33759		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARE, VIVIAN 2320 BRISBANE ST. # 8 CLEARWATER, FL 33763		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEPLER, JANE 2893 ROLLINGWOOD DR CLEARWATER, FL 33761		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GINGER OLSON 1105 AMBLE LANE CLEARWATER, FL 33755	
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>Delores Kessner</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 1-24-07 DAYTIME PHONE # 727-797-0125	