

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006
Secretary of State

DOCUMENT# 745562

Entity Name: THE SOUTH ATLANTIC CONFERENCE OF THE FREE METHODIST CHURCH OF NORTH AMERICA, INC.

Current Principal Place of Business:

6101 N ARMENIA AVE
TAMPA, FL 33604 US

New Principal Place of Business:

Current Mailing Address:

6101 N ARMENIA AVE
TAMPA, FL 33604 US

New Mailing Address:

FEI Number: 59-6511994 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PANNELL, DONNA C
6101 N ARMENIA AVE
TAMPA, FL 33604 US

Name and Address of New Registered Agent:

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:

Title: VCD () Delete
Name: LEHMAN, RICHARD
Address: 5421 SHARON TR
City-St-Zip: LAKELAND, FL 33810

Title: P () Delete
Name: SNYDER, RICHARD D.
Address: 1232 JOANIES CT
City-St-Zip: ROCK HILL, SC 29732

Title: D () Delete
Name: PANNELL, EDWARD
Address: 6101 N. ARMANIA AVE.
City-St-Zip: TAMPA, FL 33604

Title: S () Delete
Name: PANNELL, DONNA
Address: 6101 N. ARMANIA AVE.
City-St-Zip: TAMPA, FL 33604

Title: D () Delete
Name: MCLAREN, ROB
Address: 7098 78TH ST N
City-St-Zip: PINELLAS PARK, FL 33781

Title: T () Delete
Name: KELLING, DONALD
Address: 9495 BLIND PASS RD # 807
City-St-Zip: SAINT PETERSBURG, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: RILEY, DARREL
Address: 4842 WALNUT RIDGE DR.
City-St-Zip: ORLANDO, FL 32829 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: LEHMAN, MARJORIE
Address: 5421 SHARON TRAIL
City-St-Zip: LAKELAND, FL 33810 US

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: DARREL RILEY

DIR

01/13/2006

Electronic Signature of Signing Officer or Director

_____ Date