


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2006 8:00 am
Secretary of State

06-01-2006 90003 025 ****61.25

DOCUMENT # 747154	
1. Entity Name ANTHONY UNITED METHODIST FOUNDATION, INC.	

Principal Place of Business PO BOX 96 2396 NE 97TH PLACE ANTHONY, FL 32617	Mailing Address PO BOX 96 2396 NE 97TH PLACE ANTHONY, FL 32617
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50020226



2. Principal Place of Business 2396 NE 97th St. Rd	3. Mailing Address P.O. Box 96
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05082006 Chg-NP CR2E037 (4/06)

City & State Anthony, FL	City & State Anthony, FL
Zip 32617	Zip 32617
Country	Country

4. FEI Number 59-1930281	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KINARD, PAUL 2275 NW 90TH ST OCALA, FL 32670	
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7. Name and Address of New Registered Agent Name JAMES Triplett Street Address (P.O. Box Number is Not Acceptable) 4655 NE 23RD COURT City OCALA FL Zip Code 34479	
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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 <u>James E. Triplett</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		DATE
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Filing Fee is \$61.25 Due by September 6, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRIPLETT, JAMES 4655 NE 23RD CT OCALA, FL 34479 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, D. GENE 4980 NE 23RD CT ANTHONY, FL 32617 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PRATT, JAMES 1 CHERRY DRIVE COURT OCALA, FL 34472 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CYR, JEANETTE POB 361 10300 NE JACKSONVILLE RD. ANTHONY, FL 00000, 32617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CICCHELLA, TIM 11865 NE 105TH ST FORT MC COY, FL 32134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EARIA SOGAN P.O. BOX 1440, 13650 NE 110TH ST. FT. MC COY, FL 32134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: <u>Jeanette M. Cyr, Treasurer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>5/8/06</u> Daytime Phone # <u>352-629-0437</u>