


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

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

Principal Place of Business 2396 NE 97TH PLACE ANTHONY, FL 32617	Mailing Address PO BOX 96 ANTHONY, FL 32617
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DO NOT WRITE IN THIS SPACE



04262008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1930281	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

TRIPLETT, JAMES
4655 NE 23RD COURT
OCALA, FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U000000937662

05/27/08-80060-018 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRIPLETT, JAMES 4655 NE 23RD CT OCALA, FL 34479
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PRATT, JAMES 1 CHERRY DRIVE COURT OCALA, FL 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CYR, JEANETTE POB 361 10300 NE JACKSONVILLE RD. ANTHONY, FL 00000, 32617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOGAN, EARLA P.O. BOX 1440, 13650 NE 110 ST FORT MC COY, FL 32134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Jeanette M. Cyr JEANETTE M. CYR, TREAS. 4/28/08 352-629-0437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #