

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90006 037 \*\*\*\*70.00

**DOCUMENT # 749037**

1. Entity Name

FOREST HILLS UNITED METHODIST CHURCH, INC.



Principal Place of Business

Mailing Address

31350 CR 42  
DELAND FL 32720  
US

31350 CR 42  
DELAND FL 32720  
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

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-0217165

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BYRD, EDD  
43113 BEAR LAKE BLVD  
DELAND FL 32720

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*[Signature]*

Signature, typed or printed name of registered agent and title - applicable

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D FRANKLIN, DENNIS 43941 GRACE AVE DELAND FL 32720	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DC BYRD, EDD 43113 BEAR LAKE BLVD DELAND FL 32720	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <del>WILLIAMS, TED</del> 23040 E FOREST PAISLEY FL 32767	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D RHYNEHART, LORRAINE 31512 SPRUCE ST GENEVA FL 32732	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T BYRD, NELLIE 43113 BEAR LAKE BLVD DELAND FL 32720	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GAYLORD, ALAN 849 PLEASANT ST LAKE HELEN FL 32744	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D Haas, James P.O. Box 76 Paisley, FL 32767	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 Section 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:

*[Signature]*

2-26-07