

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90396 035 \*\*\*\*61.25

<b>DOCUMENT # 757670</b>					
<b>1. Entity Name</b> TUSKAWILLA UNITED METHODIST CHURCH, INC.					
<b>Principal Place of Business</b> 3925 RED BUG LAKE ROAD CASSELBERRY, FL 32707			<b>Mailing Address</b> 3925 RED BUG LAKE ROAD CASSELBERRY, FL 32707		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01182006 Chg-NP CR2E037 (11/05)	
<b>4. FEI Number</b> NOT APPLICABLE				Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
NETHERCOTT, VICTORIA 545 PINESONG DR. CASSELBERRY, FL 32707			Name <u>Chris Bogdan</u> Street Address (P.O. Box Number is Not Acceptable) <u>132 Buck Court</u> City <u>Casselberry</u> FL Zip Code <u>32707</u>		
<b>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.</b>					
SIGNATURE <u>X [Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>4-20-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> NETHERCOTT, VICTORIA 545 PINESONG CASSELBERRY, FL 32707		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> Chris Bogdan 132 Buck Court Casselberry, FL 32707	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> PITTS, JOHN 33 LAVISTA DR W WINTER SPRINGS, FL 32708		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> KLING, JILL 1254 GLASTONBERRY RD MAITLAND, FL 32751		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Treas.</b> Linda O'Reilly 2283 Westminster Terr. Oviedo, FL 32765	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> GORMAN, WILLIAM 1498 WUKON CIRCLE CASSELBERRY, FL 32707		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
<b>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.</b>					
SIGNATURE: <u>X [Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>4-20-06</u> DAYTIME PHONE # <u>407-702-5359</u>		