

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90019 048 \*\*\*\*61.25

**DOCUMENT # 757670**

1. Entity Name

TUSKAWILLA UNITED METHODIST CHURCH, INC.



Principal Place of Business

3925 RED BUG LAKE ROAD  
CASSELBERRY, FL 32707

Mailing Address

3925 RED BUG LAKE ROAD  
CASSELBERRY, FL 32707

40108400



01192007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHRIS BOGDAN  
132 BUCK COURT  
CASSELBERRY, FL 32707

**DO NOT WRITE  
IN THIS SPACE**

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

*Chris Bogdan* *Chairperson, Trustees*

*4/25/07*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

T  
NAME PITTS, JOHN  
STREET ADDRESS 33 LAVISTA DR W  
CITY-ST-ZIP WINTER SPRINGS, FL 32708  
*Todd Zimmerman*  
*691 Benitawood Ct.*  
*Winter Springs, FL*  
*32708*

T  
NAME GORMAN, WILLIAM  
STREET ADDRESS 1498 WAUKON CIRCLE  
CITY-ST-ZIP CASSELBERRY, FL 32707

C  
NAME BOGDAN, CHRIS  
STREET ADDRESS 132 BUCK COURT  
CITY-ST-ZIP CASSELBERRY, FL 32707

T  
NAME O'REILLY, LINDA  
STREET ADDRESS 2283 WESTMINSTER TERR  
CITY-ST-ZIP OVIEDO, FL 32765

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:**

*Chris Bogdan* *Chairperson, Trustees*

*4/25/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407) 323-8733