

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

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90018 007 ****61.25

DOCUMENT # 760037	
1. Entity Name VAMO UNITED METHODIST CHURCH, INC.	

Principal Place of Business 8521 VAMO ROAD SARASOTA FL 34231	Mailing Address 8521 VAMO ROAD SARASOTA FL 34231
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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

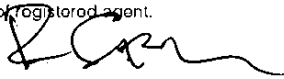
1st MOORE CR2E037 (10/06)

4. FEI Number 59-1696448	Applied For ☐
	Not Applicable ☒

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
ABELL ABELL, RANDY 8521 VAMO ROAD SARASOTA FL 34231	

7. Name and Address of New Registered Agent	
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 	DATE 2.11.07

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

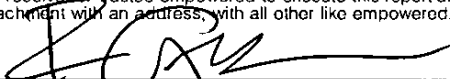
Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABELL, RANDY 8521 VAMO ROAD SARASOTA FL 34231 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANGOTTI, KEN ANGOTTI, KEN 8389 WINGATE DR. 2310 SARASOTA FL 34238 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEARK, BETTY 2279 LAKEWOOD DR NOKOMIS FL 34275 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIRTZEL, LEWIS 5669 BROOKLYN AVENUE SARASOTA FL 34231 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATTS, SARINA 4738 OAK FOREST DR SARASOTA FL 34231 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIEFENDERFER, JAMES 2373 FLENTWOOD DR. SARASOTA FL 34238 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAZARE, RAY 8521 VAMO RD. ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DECKER, JERRY 8521 VAMO RD. ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, TED 8521 VAMO RD. ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.	
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SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

2.11.07 949627125