

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

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90036 029 ****61.25

DOCUMENT # 764150

1. Entity Name
ST. AUGUSTINE SHORES UNITED METHODIST
CHURCH, INC.



40008522

Principal Place of Business Mailing Address
724 SHORES BLVD. 724 SHORES BLVD.
ST. AUGUSTINE, FL 32086 US ST. AUGUSTINE, FL 32086 US



01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-2291118 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CULLENS, TOM
724 SHORES BLVD.
ST. AUGUSTINE, FL 32086

**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 _____

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

TITLE	M
NAME	CULLENS, TOM
STREET ADDRESS	724 SHORES BLVD
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	D
NAME	COOPER, CHUCK
STREET ADDRESS	7137 MUDDLETON AVE.
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	D
NAME	GABEL, WALT
STREET ADDRESS	727 GILDA DR
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	S
NAME	CASSFORD, JANET
STREET ADDRESS	381 TRAVINO AVE.
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	D
NAME	WEDDLE, PAT
STREET ADDRESS	505 PRINCE RD
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	T
NAME	PLOTTS, ALAN
STREET ADDRESS	552 BOX WOOD PL
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-797-4446