

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90060 028 ****61.25

DOCUMENT # 768436 1. Entity Name BEYMER MEMORIAL UNITED METHODIST CHURCH, INC.					
Principal Place of Business NC 700 LAKE HOWARD DRIVE, NW WINTER HAVEN, FL 33881			Mailing Address NC 700 LAKE HOWARD DRIVE, NW WINTER HAVEN, FL 33881		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<div style="display: flex; justify-content: space-between;"> 01122007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-0700560 Applied For Not Applicable </div>					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent BAKER, STEPHEN F ESQ 800 FIRST ST S WINTER HAVEN, FL 33880			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRADSHAW, HENRY E <input checked="" type="checkbox"/> Delete 108 SHELLEY DR, SE WINTER HAVEN, FL 338842327		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Sharon M. Bates <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9130 W. Lake Ruby Drive Winter Haven, FL 33884-3117	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BURNS, ARTHUR <input checked="" type="checkbox"/> Delete 2987 PLANTATION RD, SE WINTER HAVEN, FL 33884		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Elizabeth Murchison <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1325 N. Lake Howard Drive Winter Haven, FL 33881-3127	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCUTCHAN, NEIL <input checked="" type="checkbox"/> Delete 1740 TERRY CIRCLE, NE WINTER HAVEN, FL 33881		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Robert Hallfin <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P. O. Box 777 Eagle Lake, FL 33839-0777	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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 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: <u>Sharon M. Bates</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>2/16/07</u> <u>863-324-3400</u> <small>Date Daytime Phone #</small>		