

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 831747

FILED  
Feb 21, 2005  
Secretary of State

Entity Name: UNITED METHODIST CHILDREN'S HOME

**Current Principal Place of Business:**

PO BOX 830  
SELMA, AL 367027859

**New Principal Place of Business:**

PO BOX 830  
SELMA, AL 367027830

**Current Mailing Address:**

PO BOX 830  
SELMA, AL 367027859

**New Mailing Address:**

PO BOX 830  
SELMA, AL 367027830

FEI Number: 63-0302145

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MURPHY, JUDY  
3441 CAMELOT PLACE  
MILTON, FL 32583 US

**Name and Address of New Registered Agent:**

DUBOSE, ABBI  
3441 CAMELOT PLACE  
MILTON, FL 32583 US

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.

SIGNATURE: ABBI DUBOSE

02/21/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DULEY, DOREEN M REV.  
Address: 1905 16TH AVENUE S., APT. A  
City-St-Zip: BIRMINGHAM,, AL 35205 US

Title: FVPD ( ) Delete  
Name: COLEY, LUKE F MR.  
Address: 5906 REAMS DRIVE N.  
City-St-Zip: MOBILE, AL 36608 US

Title: SVPD ( ) Delete  
Name: CHAPMAN, MCCREAL H REV  
Address: 144 LUCERNE BLVD  
City-St-Zip: BIRMINGHAM, AL 35209 US

Title: SEC ( ) Delete  
Name: BARINEAU, LESLIE MRS  
Address: TITLE BUILDING, SUITE 502, 300 RICHARD ARR  
City-St-Zip: BIRMINGHAM, AL 35203 US

Title: TT ( ) Delete  
Name: EDWARDS, EARL  
Address: 534 LEE AVENUE  
City-St-Zip: SELMA, AL 36701

Title: CEO ( ) Delete  
Name: GALLOWAY, MIKE  
Address: 1712 BROAD STREET  
City-St-Zip: SELMA, AL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE GALLOWAY

CEO

02/21/2005

Electronic Signature of Signing Officer or Director

Date