2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006
Secretary of State

DOCUMENT# 831747

Entity Name: UNITED METHODIST CHILDREN'S HOME

Current Principal Place of Business:

PO BOX 830
SELMA, AL 367027830

New Principal Place of Business:

Current Mailing Address:

PO BOX 830
SELMA, AL 367027830

New Mailing Address:

FEI Number: 63-0302145 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUBOSE, ABBI
3441 CAMELOT PLACE
MILTON, FL 32583 US

Name and Address of New Registered Agent:

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: _____

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:	CEO	(X) Change ( ) Addition
Name:	GALLOWAY, MIKE	
Address:	1712 BROAD STREET	
City-St-Zip:	SELMA, AL 36701	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: LINDA C. MOORE BUSM 04/07/2006

Electronic Signature of Signing Officer or Director — Date