


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F04000001777 1. Entity Name THE NORTH ALABAMA UNITED METHODIST FOUNDATION, INC.	
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Principal Place of Business 898 ARKADELPHIA ROAD BIRMINGHAM, AL 35204	Mailing Address 898 ARKADELPHIA ROAD BIRMINGHAM, AL 35204
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**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 63-0885244	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SHELTON, GERALD A 6819 BERRYHILL ST. MILTON, FL 32570
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROTTY, REID 733 VALLEY STREET BIRMINGHAM, AL 35226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEACH, TED P.O. BOX 660150 BIRMINGHAM, AL 35266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARRETT, WILL 5191 CALDWELL MILL ROAD BIRMINGHAM, AL 35242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'KELLY, MICHAEL L 317 ROUNDABOUT DRIVE TRUSSVILLE, AL 35173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZOLLER, BETTY 704 LILY FLAG DRIVE HUNTSVILLE, AL 35802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALL, CHARLES W 676 IDLEWILD CIRCLE BIRMINGHAM, AL 35205

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03/04/05-80059-014 61.25

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12. I hereby certify that the information supplied with this filing does not qualify 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 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>Charles B. Carlton</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>2/22/05</u> <small>Date</small>	(205) 226-7980 <small>Daytime Phone #</small>
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