


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90019 037 \*\*\*\*61.25

<b>DOCUMENT # F04000001777</b>	
1. Entity Name <b>THE NORTH ALABAMA UNITED METHODIST FOUNDATION, INC.</b>	

Principal Place of Business <b>898 ARKADELPHIA ROAD BIRMINGHAM, AL 35204</b>	Mailing Address <b>898 ARKADELPHIA ROAD BIRMINGHAM, AL 35204</b>
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2. Principal Place of Business <b>302 Cahaba Valley Circle</b>	3. Mailing Address <b>P.O. Box 360930</b>
Suite, Apt. #, etc. <b>302</b>	Suite, Apt. #, etc.

City & State <b>Pelham, AL</b>	City & State <b>Birmingham AL</b>
Zip <b>35124</b>	Zip <b>35236</b>
Country <b>USA</b>	Country <b>USA</b>

40098364



07062006 Chg-NP CR2E037 (4/06)

6. Name and Address of Current Registered Agent <b>SHELTON, GERALD A 6819 BERRYHILL ST. MILTON, FL 32570</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CROTTY, REID 733 VALLEY STREET BIRMINGHAM, AL 35226</b> <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	<b>D LEACH, TED P.O. BOX 660150 BIRMINGHAM, AL 35266</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President Bob Alford 320 3rd Street SE Cullman, AL 35055</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GARRETT, WILL 5191 CALDWELL MILL ROAD BIRMINGHAM, AL 35242</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP O'KELLY, MICHAEL L 317 ROUNDABOUT DRIVE TRUSSVILLE, AL 35173</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S ZOLLER, BETTY 704 LILY FLAG DRIVE HUNTSVILLE, AL 35802</b> <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	<b>T WALL, CHARLES W 676 IDLEWILD CIRCLE BIRMINGHAM, AL 35205</b> <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:** Charles B. Carlton Charles B. Carlton 7/6/06 (205)503-5656  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #