

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000001349

1. Entity Name

**CHRIST UNITED METHODIST CHURCH, HASTINGS,
FLORIDA, INC.**



Principal Place of Business

Mailing Address

**200 LATTIN ST.
HASTINGS FL 32145**

**P.O. BOX 816
HASTINGS FL 32145**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2923299

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRAY, ALAN
8618 SR 207
HASTINGS FL 32145**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MAIER, GAIL E	
STREET ADDRESS	POB 699	
CITY- ST- ZIP	HASTINGS FL 32145	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATTS, PAUL	
STREET ADDRESS	4250 WANDA ST	
CITY- ST- ZIP	HASTINGS FL 32145	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAY, ALAN	
STREET ADDRESS	P.O. BOX 816	
CITY- ST- ZIP	HASTINGS FL 32145	
TITLE	D	<input type="checkbox"/> Delete
NAME	GROVES, MARY	
STREET ADDRESS	248 PORT COMFORT DRIVE	
CITY- ST- ZIP	EAST PALATKA FL 32131	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAIER, CARL	
STREET ADDRESS	POB 699	
CITY- ST- ZIP	HASTINGS FL 32145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000622952	
CITY- ST- ZIP	02/13/07-80047-008 61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Alan Gray

ALAN GRAY

2/1/07

904-692-2918

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #