


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000004452

1. Entity Name
PINE RIDGE FELLOWSHIP UNITED METHODIST CHURCH, INC.



Principal Place of Business Mailing Address

**1555 SAXON BOULEVARD, #302
 DELTONA, FL 32725** **POST OFFICE BOX 390881
 DELTONA, FL 32739-0881**

DO NOT WRITE IN THIS SPACE



03072006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
59-3662768 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DIXON, TERRY
 VERNIS & BOWLING OF CNTRL. FL.
 990 N. WOODLAND BOULEVARD
 DELAND, FL 32720**

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KING, TIM
STREET ADDRESS	795 W LANSDOWNE AVE
CITY-ST-ZIP	ORANGE CITY, FL 32763
TITLE	D
NAME	BARBAROW, BRUCE
STREET ADDRESS	2018 ROCKHILL DRIVE
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	D
NAME	LANBERT, SHIRLEY
STREET ADDRESS	870 GALT TERRACE
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	D
NAME	WYCUFF, MICHAEL
STREET ADDRESS	2884 BARDAHL COURT
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	DT
NAME	OWENS, ROBERT E
STREET ADDRESS	2361 ALTON ROAD
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	D
NAME	KING, MADELINE
STREET ADDRESS	793 SULLIVAN ST
CITY-ST-ZIP	DELTONA, FL 32725

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U00000445243
 03/27/06-80004-004 61.25

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 of 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: Robert E Owens **TREASURER** 3/12/06 386 515-0078

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #