

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N00000007591

1. Entity Name
CURLEW UNITED METHODIST CHURCH, INC.



**FILED
Jul 11, 2005 8:00 am
Secretary of State**

07-11-2005 90119 039 ****61.25

20062911



07022005 Chg-NP CR2E037 (10/03)

| | | | |
|--|---------|--|---------|
| Principal Place of Business 2213 CATHERAL DR PALM HARBOR, FL 34683 | | Mailing Address 2213 CATHERAL DR PALM HARBOR, FL 34683 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent BRAND, ALAN 1731 HICKORY GATE DRIVE NORTH DUNEDIN, FL 34698 | | 7. Name and Address of New Registered Agent 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 reinstating)

DATE

| | | | |
|---|--|--|--|
| Filing Fee is \$61.25 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
| 10. OFFICERS AND DIRECTORS | | | |
| <p>C BRAND, ALAN 1731 HICKORY GATE DRIVE NORTH DUNEDIN, FL 34698</p> <p><input type="checkbox"/> Delete</p> | | <p>D JAMES, SHIRLEY 1701 PINEHURST RD, APT. 2A DUNEDIN, FL 34698</p> <p><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p> | |
| <p>PD KING, CHRISTINE 2213 CATHERAL DR PALM HARBOR, FL 34683</p> <p><input type="checkbox"/> Delete</p> | | <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> | |
| <p>SD BOESH, LEE 1816 WOOD THRUSH WAY PALM HARBOR, FL 34683</p> <p><input checked="" type="checkbox"/> Delete</p> | | <p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>S D GOESCH, LEE 1816 WOOD THRUSH WAY PALM HARBOR, FL 34683</p> | |
| <p>D STABLER, JACK 39650 U.S. 19 N. #856 TARPON SPRINGS, FL 34689</p> <p><input checked="" type="checkbox"/> Delete</p> | | <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> | |
| <p>TD VAN VOORST, FORREST 321 ARISTOTLE ST. DUNEDIN, FL 34698</p> <p><input type="checkbox"/> Delete</p> | | <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> | |
| <p><input type="checkbox"/> Delete</p> | | <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> | |

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: Alan Brand

Alan Brand, chair

7/2/05 (727) 784-3424

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR