

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90064 001 ****61.25

DOCUMENT # N00000007591

1. Entity Name
CURLEW UNITED METHODIST CHURCH, INC.



Principal Place of Business
**2213 CATHARAL DR
PALM HARBOR, FL 34683**

Mailing Address
**2213 CATHARAL DR
PALM HARBOR, FL 34683**



2. Principal Place of Business

3. Mailing Address

State, Apt #, etc

State, Apt #, etc

01112006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2355481

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRAND, ALAN
1731 HICKORY GATE DRIVE NORTH
DUNEDIN, FL 34698**

Name **VAN VOORST, FORREST**

Street Address (P.O. Box Number is Not Acceptable)
321 ARISTOTLE ST.

City **DUNEDIN**

FL

Zip Code
34698

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]*

(Signature must be printed name of registered agent and not a corporation)

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

DATE

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME **C BRAND, ALAN**
STREET ADDRESS **1731 HICKORY GATE DRIVE NORTH**
CITY-STATE-ZIP **DUNEDIN, FL 34698**

TITLE ☒ Change ☐ Addition
NAME **C VAN VOORST, FORREST**
STREET ADDRESS **321 ARISTOTLE ST.**
CITY-STATE-ZIP **DUNEDIN, FL 34698**

TITLE ☐ Delete
NAME **PD KING, CHRISTINE**
STREET ADDRESS **2213 CATHARAL DR**
CITY-STATE-ZIP **PALM HARBOR, FL 34683**

TITLE ☒ Change ☒ Addition
NAME **TD ~~VAN VOORST~~ LINDSEY, VICTORIA**
STREET ADDRESS **2021 KIMBERLY DR**
CITY-STATE-ZIP **DUNEDIN, FL 34698**

TITLE ☐ Delete
NAME **D JAMES, SHIRLEY**
STREET ADDRESS **1701 PINEHURST ROAD, APT. 2A**
CITY-STATE-ZIP **DUNEDIN, FL 34698**

TITLE ☐ Change ☐ Addition
NAME **D BRAND, DIANE**
STREET ADDRESS **1731 HICKORY GATE DR. N.**
CITY-STATE-ZIP **DUNEDIN, FL 34698**

TITLE ☐ Delete
NAME **SD BOESCH, LEE**
STREET ADDRESS **1816 WOOD THRUSH WAY**
CITY-STATE-ZIP **PALM HARBOR, FL 34687**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☒ Delete
NAME **TD VAN VOORST, FORREST**
STREET ADDRESS **321 ARISTOTLE ST.**
CITY-STATE-ZIP **DUNEDIN, FL 34698**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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 another life empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/05 (727) 733-2662

Date

Telephone Number