

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000007591

1. Entity Name
CURLEW UNITED METHODIST CHURCH, INC.



Principal Place of Business
**2210 CATHEDRAL DR
PALM HARBOR, FL 34683 US**

Mailing Address
**2210 CATHEDRAL DR
PALM HARBOR, FL 34683 US**



01242007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-2355461

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VAN VOORST, FORREST
321 ARISTOTLE ST
DUNEDIN, FL 34698**

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	VAN VOORST, FORREST
STREET ADDRESS	321 ARISTOTLE ST
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	PD
NAME	KIRK, DAVID
STREET ADDRESS	3050 OVERLOOK PL
CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	D
NAME	JAMES, SHIRLEY
STREET ADDRESS	1701 PINEHURST ROAD, APT. 2A
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	SD
NAME	TILLEY, JO ANN
STREET ADDRESS	535 LOUDEN AVENUE
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	D
NAME	BRAND, DIANE
STREET ADDRESS	1731 HICKORY GATE DR. N.
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	TD
NAME	LINDSEY, VICTORIA
STREET ADDRESS	2021 KIMBERLY DR
CITY-ST-ZIP	DUNEDIN, FL 34698

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02/14/07-80017-020 61.25

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IN THIS SPACE**

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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Forrest Van Vorst
1/28/07 (127) 733-2662
Date Daytime Phone #