2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mailing Address

DOCUMENT # N00000008091

1. Entity Name
PLANT CITY UNITED METHODISTS IN MISSION, INC.

Principal Place of Business



FILED Apr 10, 2006 8:00 am Secretary of State

04-10-2006 90334 008 ****61.25

KIGULVOV

PLANT CITY,			SUIT	SUITE 202 PLANT CITY, FL 33563-3300									TU.	
2. Principal Place of Business			3. Mai	3. Mailing Address										
Suite, Apt.	#, etc.	· · · · · · · · · · · · · · · · · · ·	Şu	Suite, Apt. #, etc.				03202006 Chg-NP CR2E037 (11/05)						
City & State			Cit	City & State				4. FEI Number Applied For 59-3698345 Not Applicable						
Zip Country			Zig	Zip Cou			5. Certificate of Status Desired 58.75 Additional Fee Required					ditional		
6. Name and Address of Current Registered Agent								7. Name and	Address o	of New R	egistere	d Agent		
TRINKLE,		S		,			Name Street Address (P.O. Box Number is Not Acceptable)							
121 N COLLINS ST PLANT CITY, FL				Street Address				F.O. BOX NUMB	er is laut Ac					
ı							City FL Zip Code						te	
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	inamed entiti ions of regis	y submits this statemer tered agent.	nt for the purp	iose of changing its	registere	еа описе о	r register	ed agent, or bo	oth, in the St	ate of Fic	orida, (a	m tamiliar with	, and accept	
CICALATIDE														
SIGNATURE .	Signature, typed	or printed name of registered a	igent and title if app	Micabie. (NOTE	Registere	d Agent signa	beriuper erut	when reinstating)			DATE			
Filing Fee is \$61.25 Due by May 1, 2006				9. Election Campaign Fi Trust Fund Contributi				\$5.00 May Be Added to Fees Florida Departme			• •			
	Due by N	12y 1, 2006		Hustrana C	~,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Added to rees	'	1 101	ica vep	arment of S		
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TITLE	D BUTCHE 303 N EV	OFFICERS AND	DIRECTORS	,	11.	· · · · · · · · · · · · · · · · · · ·	PRick	Norma	IANGES TO	OFFICE		DIRECTORS II	i 10	
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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 empowered.

SIGNATURE:

Daytime Phone #