

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000008091

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



Principal Place of Business
202 W. REYNOLDS ST.
PLANT CITY, FL 33563

Mailing Address
104 N. EVERS STREET
SUITE 202
PLANT CITY, FL 33563-3300



01122007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3698345

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRINKLE, ROBERT S
121 N COLLINS ST
PLANT CITY, FL

**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

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 May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME BUTCHER, DAVID
STREET ADDRESS 303 N EVERS ST
CITY-ST-ZIP PLANT CITY, FL 33563

TITLE D
NAME KIRKWOOD, KEVIN
STREET ADDRESS 303 N EVERS ST
CITY-ST-ZIP PLANT CITY, FL 33563

TITLE P
NAME NORMAN, RICK
STREET ADDRESS 303 N EVERS ST
CITY-ST-ZIP PLANT CITY, FL 33563

TITLE D
NAME CAMERON, MIKE
STREET ADDRESS 303 N EVERS ST
CITY-ST-ZIP PLANT CITY, FL 33563

TITLE D
NAME MUSSELWHITE, BILL
STREET ADDRESS 303 N EVERS ST
CITY-ST-ZIP PLANT CITY, FL 33563

TITLE V
NAME EDWARDS, BOB
STREET ADDRESS 303 N EVERS ST
CITY-ST-ZIP PLANT CITY, FL 33563

**DO NOT WRITE
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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rick Norman Rick Norman

2/5/07

813-752-6711