

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002521

FILED  
May 02, 2007  
Secretary of State

**Entity Name:** LYNN HAVEN UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business:**

4501 TRANSMITTER ROAD  
PANAMA CITY, FL 32404 US

**New Principal Place of Business:**

**Current Mailing Address:**

4501 TRANSMITTER ROAD  
PANAMA CITY, FL 32404 US

**New Mailing Address:**

**FEI Number:** 59-2340570 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

STOPKA III, ALBERT J  
108 MOSLEY DRIVE  
LYNN HAVEN, FL 32444 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BOLINGER, LARRY  
Address: 4316 DELEN DRIVE  
City-St-Zip: PANAMA CITY, FL 32404 US

Title: D ( ) Delete  
Name: LEPTONE, JEFF  
Address: 7241 SHADY DRIVE  
City-St-Zip: PANAMA CITY, FL 32404 US

Title: D ( ) Delete  
Name: MUNN, MIKE  
Address: 523 NORTSHORE CIRCLE  
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: D ( ) Delete  
Name: TUNNEL, LIBBY  
Address: 505 VIRGINIA AVE  
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: D ( ) Delete  
Name: JOHNSON, ROGER  
Address: 2204 CAMRY'S CROSSING  
City-St-Zip: PANAMA CITY, FL 32405 US

Title: D ( ) Delete  
Name: SCHRECK, JEFF  
Address: 1107 NEW JERSEY AVE  
City-St-Zip: LYNN HAVEN, FL 32444 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGEL DIAZ

ADMI

05/02/2007

Electronic Signature of Signing Officer or Director

Date