2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004288

FILED Feb 03, 2006 Secretary of State

Entity Name: THE CEDAR KEY UNITED METHODIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

626 FOURTH STREET 4 STREET AT SR 24 CEDAR KEY, FL 32625

New Mailing Address: Current Mailing Address:

PO BOX 338 CEDAR KEY, FL 32625

FEI Number: 59-3743359 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BISHOP, KIM 5770 SW 103 TERR CEDAR KEY, FL 32625 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition HALDEMAN, GARY CAMPBELL, WILLIAM Name: Name:

PO BOX 183 Address: PO BOX 136 Address: City-St-Zip: CEDAR KEY, FL 32625 City-St-Zip: CEDAR KEY, FL 32625

Title: VD Title: () Delete () Change () Addition

TAYLOR, RONNIE Name: Name:

Address: PO BOX 990 Address: City-St-Zip: CEDAR KEY, FL 32625 City-St-Zip:

Title: () Delete Title: SD (X) Change () Addition PENNEY, SUE BISHOP, JOE Name: Name:

5770 SW 103RD TERRACE Address: PO BOX 421 Address: City-St-Zip: CEDAR KEY, FL 32625 City-St-Zip: CEDAR KEY, FL 32625

Title: () Delete Title: (X) Change () Addition

Name: CAMPBELL, WILLIAM Name: RICHARD, CLARD 16233 ANDREWS CIRCLE Address: PO BOX 136 Address: CEDAR KEY, FL 32625 City-St-Zip: City-St-Zip: CEDAR KEY, FL 32625

Title: () Delete Title: (X) Change () Addition

HEALY, MAURICE RICHARD, LATTIMER Name: Name: P.O. BOX 783 P.O. BOX 344 Address: Address:

City-St-Zip: CEDAR KEY, FL 32625 City-St-Zip: CEDAR KEY, FL 32625

Title: () Delete Title: (X) Change () Addition

WATSON, DEANNE MCKNEELY, MARGARET Name: Name: Address: PO BOX 306 Address: 1134 WHIDDON AVE CEDAR KEY, FL 32625 CEDAR KEY, FL 32625 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM CAMPBELL PD 02/03/2006