


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90041 033 \*\*\*\*70.00

<b>DOCUMENT # N01000004288</b> 1. Entity Name <b>THE CEDAR KEY UNITED METHODIST CHURCH, INC.</b>					
Principal Place of Business <b>626 FOURTH STREET 4 STREET AT SR 24 CEDAR KEY FL 32625</b>			Mailing Address <b>PO BOX 338 CEDAR KEY FL 32625</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3743359</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BISHOP, KIM 5770 SW 103 TERR CEDAR KEY FL 32625</b>			7. Name and Address of New Registered Agent Name <b>MAURICE W. HEALY</b> Street Address (P.O. Box Number is Not Acceptable) <b>16431 SW 120th PLACE</b> City <b>CEAR KEY</b> FL <b>32625</b>		
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 <b>MAURICE W. HEALY</b> <b>MAURICE W. HEALY TREASURER</b> <b>1/22/2007</b> <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD CAMPBELL, WILLIAM PO BOX 136 CEDAR KEY FL 32625	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD TAYLOR, RONNIE PO BOX 990 CEDAR KEY FL 32625	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD BISHOP, JOE 5770 SW 103RD TERRACE CEDAR KEY FL 32625	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D RICHARD, CLARK 16233 ANDREWS CIRCLE CEDAR KEY FL 32625	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T RICHARD, LATTIMER P.O. BOX 344 CEDAR KEY FL 32625	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WATSON, DEANNE 1134 WHIDDON AVE. CEDAR KEY FL 32625	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <b>MAURICE W. HEALY</b> <b>MAURICE W. HEALY</b> <b>1/22/2007</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>					