## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 15, 2006 8:00 am **Secretary of State** DOCUMENT # N01000008692 1. Entity Name 03-15-2006 90119 049 \*\*\*\*70.00 FIRST UNITED METHODIST CHURCH OF ALACHUA, INC. Principal Place of Business Mailing Address 14805 NW 140 STREET P O BOX 668 ALACHUA FL 32616 ALACHUA FL 32616 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt # etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-1579665 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BINGHAM, MARVIN W JR 14811 NW 140 STREET Street Address (P.O. Box Number is Not Acceptable) PO BOX 1930 (MAIL) ALACHUA FL 32616 City Zip Code 8. The above named entity submits this statement for ) 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 Rustee SIGNATURE Signature, typed to (NOTE: Registered Agent FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to 7.3 7.3 **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE ☐ Delete TITLE ☐ Change ■ Addition BUSBY, JACK NAME NAME 13313 SOUTHERN PRECAST STREET ADDRESS STREET ADDRESS ALACHUA FL 32615 CITY-ST-7IF CITY-ST-ZIP VPD ☐ Defete Change Addition TITLE TITLE SPENCER, DAVID NAME NAME 27619 NW 182 AVE STREET ADDRESS STREET ADDRESS ALACHUA FL 32615 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE STD TITLE ☐ Change ☐ Addition Anderson, Marvin 129.84 N.W. 196TH TEM. SMITH, JOEL NAME NAME STREET ADDRESS STREET ADDRESS 13204 NW 49 LANE GAINESVILLE FL 32606 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME SAPP, BARNEY NAME STREET ADDRESS 9629 NW 171 TERR STREET ADDRESS CITY-ST-ZIP ALACHUA FL 32615 CITY-ST-7IP ☐ Addition TITLE ☐ Delete STD Change MILLS, CATHY NAME NAME 13010 NW 123 PL STREET ADDRESS STREET ADDRESS ALACHUA FL 32615 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE TOMEU, FERN NAME NAME 17323 NW CR 239 STREET ADDRESS STREET ADDRESS

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 empowared 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 any address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ALACHUA FL 32615

RUSTUE

FILED