

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007
Secretary of State

DOCUMENT# N02000003607

Entity Name: ST MARK UNITED METHODIST CHURCH-CRESTVIEW, INC.

Current Principal Place of Business:

2250 P.J. ADAMS PKWY.
CRESTVIEW, FL 32536

New Principal Place of Business:

Current Mailing Address:

2250 P.J. ADAMS PKWY.
CRESTVIEW, FL 32536

New Mailing Address:

FEI Number: 01-9296550 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOMLINSON, TED
1503 DAD'S LANE
CRESTVIEW, FL 32539 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: C () Delete
Name: MILLER, WINIFRED R
Address: 114 WINDSOR DRIVE
City-St-Zip: CRESTVIEW, FL 32539

Title: D () Delete
Name: SWEET, WOODY
Address: 6042 OLD BETHEL ROAD
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: TONLINSON, TED
Address: 1503 DAD'S LANE
City-St-Zip: CRESTVIEW, FL 32539

Title: D () Delete
Name: SMITH, GENE
Address: 1303 JEFFRINE DR
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: WILLIS, JERRY
Address: 1229 NORTHVIEW DRIVE
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: BROWN, DANIEL
Address: 504 HILLVIEW CIRCLE
City-St-Zip: CRESTVIEW, FL 32536

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 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: TED TOMLINSON

RA

04/06/2007

Electronic Signature of Signing Officer or Director

_____ Date