


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90339 009 \*\*\*\*61.25

<b>DOCUMENT # N02000009363</b> 1. Entity Name <b>THE FIRST UNITED METHODIST CHURCH OF PLANT CITY, FLORIDA, INC.</b>					
Principal Place of Business <b>303 NORTH EVERS STREET PLANT CITY, FL 33563</b>			Mailing Address <b>303 NORTH EVERS STREET PLANT CITY, FL 33563</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-0725541</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TRINKLE, ROBERT S 121 NORTH COLLINS STREET PLANT CITY, FL 33563</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>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	<b>D</b> <b>KIRKWOOD, KEVIN</b> <b>1001 NORTH ROUX STREET</b> <b>PLANT CITY, FL 33563</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P O</b> <b>Rick Norman</b> <b>303 N Evers St</b> <b>Plant City, FL 33563</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MUSSELWHITE, WILLIAM</b> <b>1607 WOODSIDE DRIVE</b> <b>PLANT CITY, FL 33563</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Joe Sedita</b> <b>303 N Evers St</b> <b>Plant City FL 33563</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>WALDEN, CHARLOTTE</b> <b>1104 NORTH PALM DRIVE</b> <b>PLANT CITY, FL 33563</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V O</b> <b>Robert Edwards</b> <b>303 N Evers St</b> <b>Plant City, FL 33563</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>POU, MAIDA</b> <b>1003 PINEDALE</b> <b>PLANT CITY, FL 33566</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BUTCHER, DAVID</b> <b>808 SYLVAN DRIVE</b> <b>PLANT CITY, FL 33563</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>EDWARDS, ROBERT S</b> <b>2815 HAMMOCK DR</b> <b>PLANT CITY, F; 33566</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE: _____</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date <b>3/24/06</b> Daytime Phone # _____	