


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N03000003605  
 1. Entity Name  
 FIRST UNITED METHODIST CHURCH OF CHATTAHOOCHEE, FLORIDA, INC.



Principal Place of Business  
 18 W MARION STREET  
 CHATTAHOOCHEE, FL 32324

Mailing Address  
 18 W MARION STREET  
 CHATTAHOOCHEE, FL 32324



01052006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-0791018  Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 GARNER, ELMON L  
 122 BONITA STREET  
 CHATTAHOOCHEE, FL 32324

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

|                |                         |
|----------------|-------------------------|
| TITLE          | D                       |
| NAME           | HOLT, TERRY             |
| STREET ADDRESS | 515 CHATTAHOOCHEE ST    |
| CITY-ST-ZIP    | CHATTAHOOCHEE, FL 32324 |
| TITLE          | D                       |
| NAME           | SCOTT, L.F.             |
| STREET ADDRESS | 730 CHATTAHOOCHEE ST    |
| CITY-ST-ZIP    | CHATTAHOOCHEE, FL 32324 |
| TITLE          | D                       |
| NAME           | GARNER, ELMON L         |
| STREET ADDRESS | 122 BONITA ST           |
| CITY-ST-ZIP    | CHATTAHOOCHEE, FL 32324 |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY-ST-ZIP    |                         |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY-ST-ZIP    |                         |

**DO NOT WRITE IN THIS SPACE**

000000369751  
 01/20/06-80089-017 61.25

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elmon Lee Garner, Chm, Bd of Trustees - JANUARY 9, 2006 850-663-4475  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #