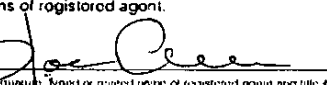
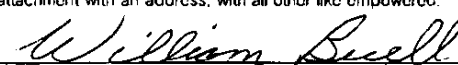


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2007 8:00 am
Secretary of State

02-13-2007 90007 047 ****70.00

DOCUMENT # N03000005011 1. Entity Name COLEMAN UNITED METHODIST CHURCH, INC.					
Principal Place of Business 1502 E WARM SPRINGS AVE (HIGHWAY 301) COLEMAN FL 33521			Mailing Address PO BOX 68 COLEMAN FL 33521		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2256496	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ALLIS, JOE 8515 CENTRAL AVE COLEMAN FL 33521			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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  DATE 3-4-07 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY ST ZIP	CD ALLIS, JOE 8515 CENTRAL AVE COLEMAN FL 33521	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VD SMITH, DALE PO BOX 538 LAKE PANASOFFKEE FL 33538	☒ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	Kimberly Brooks Box 72 Coleman, FL 33521 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	SD CHILDERS, KATHRYN PO BOX 125 COLEMAN FL 33521	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	TD BELL, ALBERT H 17937 SE 87TH MELROSE CT THE VILLAGES FL 32162	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D HENDERSON, EUGENE 178 N US 301 WILDWOOD FL 34785	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	P CASSIDY, MICHAEL 1515 CENTRAL AVE COLEMAN FL 33521	☒ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	Robert Class 404 Sandlewood Lane Wildwood, FL 34785 ☒ Change ☐ Addition
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Day/Date Phone #					