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	Mailing Address
1502 E WARM SPRINGS AVE (HIGHWAY 301) COLEMAN FL 33521	PO BOX 68 COLEMAN FL 33521

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2256496 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALLIS, JOE 8515 CENTRAL AVE COLEMAN FL 33521	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 Joe Allis 3-4-07
Signature, Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 8575 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 Closs 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: William Buell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #