

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007105

FILED
Jan 23, 2006
Secretary of State

Entity Name: THE MARIANNA/PANAMA CITY DISTRICT OFFICE OF THE UNITED METHODISTCHURCH, INC.

Current Principal Place of Business:

2913 OPTIMIST DRIVE
MARIANNA, FL 32448

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 306
MARIANNA, FL 32447

New Mailing Address:

FEI Number: 59-2056266

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RISH, WILLIAM J
206 EAST FOURTH STREET
PORT ST. JOE, FL 32456 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: REV. () Delete
Name: SPIVEY, WESLEY
Address: P O BOX 306
City-St-Zip: MARIANNA, FL 32447

Title: MRS. () Delete
Name: SHORES, DAVINE
Address: P O BOX 306
City-St-Zip: MARIANNA, FL 32447

Title: REV. () Delete
Name: ZEIGLER, FRED
Address: P O BOX 1503
City-St-Zip: MARIANNA, FL 32447

Title: MR. () Delete
Name: SHELTON, KARL
Address: 920 W BEACH DRIVE
City-St-Zip: PANAMA CITY, FL 32401

Title: MR. () Delete
Name: SIMMONS, GEORGE
Address: 4327 SEVENTH AVENUE
City-St-Zip: MARIANNA, FL 32446

Title: MR. () Delete
Name: RISH, BILLIE J
Address: P O BOX 39
City-St-Zip: PORT ST. JOE, FL 32456

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
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Address:
City-St-Zip:

Title: () Change () Addition
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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: DAVINE SHORES

Electronic Signature of Signing Officer or Director

MRS.

01/23/2006

Date