
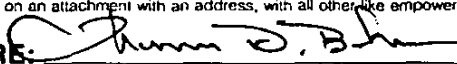


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90010 005 ****61.25

DOCUMENT # N04000003915			
1. Entity Name FIRST UNITED METHODIST CHURCH OF DEFUNIAK SPRINGS, FLORIDA, INC.			
Principal Place of Business 88 CIRCLE DR. DEFUNIAK SPRINGS FL 32435		Mailing Address P. O. BOX 9 DEFUNIAK SPRINGS FL 32435	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent GREEN, WILLIAM H 664 BALDWIN AVE. DEFUNIAK SPRINGS FL 32435		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 _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D BAKER, THOMAS D 491 ATEAS RANCH ROAD DEFUNIAK SPRINGS FL 32433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shannon Allred 79 Timber Wind Drive DeFuniak Springs, FL 32433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEASLEY, BOBBY 51 JACKSON AVENUE DEFUNIAK SPRINGS FL 32435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gary Fike 970 Kings Lake Blvd DeFuniak Springs, FL 32433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, NORMAN 2272 SPRING LANE ROAD DEFUNIAK SPRINGS FL 32433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLOUGHBY, JIM 435 PAUL RD. DEFUNIAK SPRINGS FL 32433 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEPPE, GEORGE 230 WAGNER DR. DEFUNIAK SPRINGS FL 32433 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LATHINGHOUSE, MARIE 148 PLATEAU AVENUE DEFUNIAK SPRINGS FL 32435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		1-17-06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



ATTACHMENT

40016722

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2006

FIRST UNITED METHODIST CHURCH OF DEFUNIAK SPRINGS, FLOR
P. O. BOX 9
DEFUNIAK SPRINGS, FL 32435

Subject: **FIRST UNITED METHODIST CHURCH OF DEFUNIAK SPRINGS,**

Reference Number: **N04000003915**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE

ANNUAL REPORTS SECTION