

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005762

FILED
Jan 26, 2007
Secretary of State

Entity Name: POINT WASHINGTON UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

1290 N HWY 395
SATA ROSA BEACH, FL 32459

New Principal Place of Business:

1290 N CTY HWY 395
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

PO BOX 58
POINT WASHINGTON, FL 32454

New Mailing Address:

1290 N CTY HWY 395
SANTA ROSA BEACH, FL 32459

FEI Number: 59-1971345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, FRANKLIN H PA
5365 E CO HWY 30-A SUITE 105
SEAGROVE BEACH, FL 32459 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: C () Delete
Name: SPANN, PHILIP IV
Address: 675 EDEN DR
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: POTTER, BILL
Address: 249 N. BLUE HERON DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: GATES, JAY
Address: 156 CAMP CREEK ROAD SOUTH
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: D () Delete
Name: COMER, JASON
Address: 2828 E. CO. HWY. 30A
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: BUTLER, VAN NESS
Address: 200 BANFILL RD
City-St-Zip: GRAYTON BEACH, FL 32459

Title: D () Delete
Name: PHILLIPS, BUTCH
Address: 173 JUNIPER ST
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: D (X) Change () Addition
Name: FISHER, JIM
Address: 240 DUNE DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: () Change () Addition
Name:
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: PHILIP SPANN

C

01/26/2007

Electronic Signature of Signing Officer or Director

Date