



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90006 049 ****61.25

DOCUMENT # N04000005762 1. Entity Name POINT WASHINGTON UNITED METHODIST CHURCH, INC.					
Principal Place of Business 1290 N CTY HWY 395 SANTA ROSA BEACH, FL 32459			Mailing Address 1290 N CTY HWY 395 SANTA ROSA BEACH, FL 32459		
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	01112008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1971345				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WATSON, FRANKLIN H PA 5365 E CO HWY 30-A SUITE 105 SEAGROVE BEACH, FL 32459			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	C <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SPANN, PHILIP IV		NAME	Lisa Brooks	
STREET ADDRESS	675 EDEN DR		STREET ADDRESS	19 Adams Way, Santa Rosa Beach, FL 32459	
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459		CITY-ST-ZIP	32459	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	POTTER, BILL		NAME	Devon Igou	
STREET ADDRESS	249 N. BLUE HERON DRIVE		STREET ADDRESS	297 Campbell St., Santa Rosa Beach, FL 32459	
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459		CITY-ST-ZIP	32459	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GATES, JAY		NAME	Rick Marshall	
STREET ADDRESS	156 CAMP CREEK ROAD SOUTH		STREET ADDRESS	369 N. Andalusia Ave.	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413		CITY-ST-ZIP	Santa Rosa Beach, FL 32459	
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FISHER, JIM		NAME	Jeannie Miller	
STREET ADDRESS	240 DUNE DRIVE		STREET ADDRESS	101 Summer Breeze Rd.	
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459		CITY-ST-ZIP	Panama City Beach, FL 32413	
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BUTLER, VAN NESS		NAME	Ty Nunn	
STREET ADDRESS	200 BANFILL RD		STREET ADDRESS	1070 N. Co. Hwy 395	
CITY-ST-ZIP	GRAYTON BEACH, FL 32459		CITY-ST-ZIP	Santa Rosa Beach, FL 32459	
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PHILLIPS, BUTCH		NAME	Comer, Jason DELETE	
STREET ADDRESS	173 JUNIPER ST		STREET ADDRESS	2828 E. Co Hwy 30A	
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459		CITY-ST-ZIP	Santa Rosa Beach, FL 32459	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <u>Philip Spann IV</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> <u>1/18/08</u> <u>950-23-6295</u> </div> <div style="display: flex; justify-content: space-between;"> <small>Date</small> <small>Daytime Phone #</small> </div>					