



**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90067 014 \*\*\*\*70.00

|  |                      |  |  |   |  |
|--|----------------------|--|--|---|--|
| <b>DOCUMENT # N04000008233</b>   |                      |  |  |                                        |  |
| 1. Entity Name<br>FIRST UNITED METHODIST CHURCH OF CRESTVIEW, INC.   |                      |  |  |   |  |
| Principal Place of Business<br>599 8TH AVE<br>CRESTVIEW, FL 32536  |                      | Mailing Address<br>599 8TH AVE<br>CRESTVIEW, FL 32536                            |  | 40000000  |  |
| 2. Principal Place of Business   |                      | 3. Mailing Address   |  | <br>02062006 Chg-NP CR2E037 (11/05) - |  |
| Suite, Apt. #, etc. -  |                      | Suite, Apt. #, etc. -  |  |   |  |
| City & State   |                      | City & State   |  |   |  |
| Zip  | Country              | Zip  | Country  |   |  |
| 4. FEI Number<br>59-0882860  |                      |  |  | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required  |                      |  |  |   |  |
| 6. Name and Address of Current Registered Agent  |                      |  | 7. Name and Address of New Registered Agent  |   |  |
| DANGLER, COLIN<br>537 GALLANT FOX LANE<br>CRESTVIEW, FL 32539  |                      |  | Name <u>Ray Bolton</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>2138 Forrest Ave</u><br>City <u>Crestview</u> FL <u>32536</u> |   |  |
| 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 <u>Ray Bolton</u>  |                      |  | DATE <u>3-7-06</u>   |   |  |
| Signature, typed or printed name of registered agent and title if applicable.  |                      |  | (NOTE: Registered Agent signature required when reinstating)   |   |  |
| Filing Fee is \$61.25<br>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  | T                    | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition            |
| NAME   | CAMPBELL, LINDA      |  | NAME   |   |  |
| STREET ADDRESS   | 613 LYNN BROOK WEST  |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | CRESTVIEW, FL 32539  |  | CITY-ST-ZIP  |   |  |
| TITLE  | T                    | <input checked="" type="checkbox"/> Delete                                       | TITLE  | <input type="checkbox"/> Change   | <input checked="" type="checkbox"/> Addition |
| NAME   | DANGLER, COLIN       |  | NAME   | Dave Amos   |  |
| STREET ADDRESS   | 537 GALLANT FOX LANE |  | STREET ADDRESS   | 204 Rosewood Ave.   |  |
| CITY-ST-ZIP  | CRESTVIEW, FL 32539  |  | CITY-ST-ZIP  | Crestview, FL 32536   |  |
| TITLE  | T                    | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition            |
| NAME   | POWELL, CANDACE      |  | NAME   |   |  |
| STREET ADDRESS   | 209 SECOND AVE       |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | CRESTVIEW, FL 32536  |  | CITY-ST-ZIP  |   |  |
| TITLE  | T                    | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition            |
| NAME   | BROOKS, BETTY        |  | NAME   |   |  |
| STREET ADDRESS   | 512 RISEN STAR DR    |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | CRESTVIEW, FL 32539  |  | CITY-ST-ZIP  |   |  |
| TITLE  | T                    | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition            |
| NAME   | GARRETT, DUDLEY      |  | NAME   |   |  |
| STREET ADDRESS   | 1000 KENNETH AVE     |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | CRESTVIEW, FL 32536  |  | CITY-ST-ZIP  |   |  |
| TITLE  | T                    | <input checked="" type="checkbox"/> Delete                                       | TITLE  | <input type="checkbox"/> Change   | <input checked="" type="checkbox"/> Addition |
| NAME   | KERNS, WILLIAM       |  | NAME   | Bill Beard  |  |
| STREET ADDRESS   | 3239 AUBURN ROAD     |  | STREET ADDRESS   | 5625 Apache Rd  |  |
| CITY-ST-ZIP  | CRESTVIEW, FL 32539  |  | CITY-ST-ZIP  | Crestview, FL 32539   |  |
| 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>Linda R. Campbell</u>  |                      |  | Date <u>3-7-06</u> Daytime Phone # <u>850-423-0436</u>   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                      |  |  |   |  |