DOCUMENT # N04000009252 Company 02-06-2008 90034 022 ****61.2 Lindbytem ELIZABETH CHAPEL UNITED METHODIST CHURCH, INC. Image: Company Company Principal Res of Busines - No PO. Box # Maling Address BOOS CHURICKA HIGHWAY PACE, FL 32571 Company Company 2. Principal Res of Busines - No PO. Box # Image: Company Company Company Company 2. Principal Res of Busines - No PO. Box # Image: Company	20	08 NOT-FOR-PR ANNUA	OFIT L REP	CORPO ORT	RATIO	N	Fel Se) 06,	'ILEI 2008 ary o	8:0)0 aı ate
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Sulls, Apl. #, etc. 0222008 Chy-NP CR2E037 (12/06) Chy & State Chy & State 4. FE1 Number 59-3537440 Image: Chy-NP CR2E037 (12/06) Zp Country Zp Country S. Certification of Status Desired \$8,75, Actionance roo Required AND CREEDED IN Name Name and Address of New Registered Agent Name Name and Address of New Registered Agent MOORHEAD, STEPHEN R Name Street Address of New Registered Agent Name 4300 BAYOU BOULEVARD SUITE 13 Street Address (P.O. Box Number In Hot Acceptable) Street Address (P.O. Box Number In Hot Acceptable) City FL Zip Code B. The above named entity submas files statement for the purpose of changing its registered office or registered agent, or bob, in the State of Pool is the State of State of Pool is the State of Pool is the State of State of Pool is the State of Pool is the State of Pool is the State of State of Pool is the State of Pool is the State of State of Pool is the S	8008 CHUML	ickla highway	HWAY				17. 0811 1 88118 18118		(18) 81 1881		
City & State City &	2. Principal Place of Business - No P.O. Box # 3. Mailing Address										
Zip Country Zip Country Source	Suite, Apt.	#, etc.	e, Apt. #, etc.	Apt. #, etc.			02022008 Chg-NP CR2E037 (12/06)				
	City & State			City & State			4. FEI Number Applied For 59-3537440 Not Applicable				
MOORHEAD, STEPHEN R 4300 BAYOU BOULEVARD SUITE 13 PENSACOLA, FL 32503 Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Pordat. Tam familiar with, and of the obligations of registered agent. City FL Zip Code SIGNATURE Barrier, hyped or proteiname of ingetered agent and the instatement Dues by May 1, 2008 D. Election Campaign Financing Trust Fund Contribution Address Address and Statement (State chack, payable to Finde Department of State State Address Street	Zip				Country				Fe	e Require	
A. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Piorida. I am familiar with, and a the obligations of registered agent. SIGNATURE SIGNATURE Filing Fee is \$61.25 Device by May 1, 2008 Filing Fee is \$61.25 Device by May 1, 2008 State Fund Contribution. Filing Fee is \$61.25 Device by May 1, 2008 State Fund Contribution. Filing Fee is \$61.25 Device by May 1, 2008 State Fund Contribution. Filing Fee is \$61.25 Device by May 1, 2008 State Fund Contribution. Filing Fee is \$61.25 Device by May 1, 2008 State Fund Contribution. Filing Fee is \$61.25 Device by May 1, 2008 State Fund Contribution. Filing Fee is \$61.25 Device by May 1, 2008 State Fund Contribution. Filing Fee is \$61.25 Device by May 1, 2008 State Fund Contribution. Filing Fee is \$61.25 Device by May 1, 2008 State Fund Contribution. Filing Fee is \$61.25 Device by May 1, 2008 State Fund Contribution. State Fund Contribution. Filing Fee is \$62.27 State Fund Contribution.	MOORHEAD, STEPHEN R 4300 BAYOU BOULEVARD SUITE 13					Name					
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent. SIGNATURE Filing Foe is \$61,25 Due by May 1, 2008 Piling Foe is \$61,25 Piling Foe is \$66 Piling Foe is \$71,27 P						City FI Zip Code					
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NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or Bloc of the recorporation 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 Bloc	NAME STREET ADDRESS			Delete	NAME STREET ADORE	55			C] Change	Addition
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 Bloc	VAME STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		Delete	NAME STREET ADDRE	355			C] Change	Addition
changed, or on an attachment with an address, with all other like empowered. SIGNATURE: Robert Conway 2-3-08 994-66666	of the con changed,	or on an attachment with an address	powered to e	xecute this report	as required by	is contained all have the s Chapter 617	, Florida Statutes; an	d that my nam	e appears in B	lock 10 of	Block 11 if

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