


**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

40013000

<b>DOCUMENT # N04000009252</b>				02-06-2008 90034 022 ****61.25	
1. Entity Name <b>ELIZABETH CHAPEL UNITED METHODIST CHURCH, INC.</b>					
Principal Place of Business 8008 CHUMUCKLA HIGHWAY PACE, FL 32571		Mailing Address 8008 CHUMUCKLA HIGHWAY PACE, FL 32571			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		02022008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3537440	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MOORHEAD, STEPHEN R 4300 BAYOU BOULEVARD SUITE 13 PENSACOLA, FL 32503			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D CONWAY, ROBERT <input type="checkbox"/> Delete	TITLE	Conway, Robert <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	3498 BORLEY RD.	NAME	3498 Barley Road		
STREET ADDRESS	PACE, FL 32571	STREET ADDRESS	Pace, FL 32571		
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	D MASSEY, HARMON O JR. <input checked="" type="checkbox"/> Delete	TITLE	Travis, Jacklyn <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	P.O. BOX 652	NAME	5066 Oneida Trail		
STREET ADDRESS	MILTON, FL 32572	STREET ADDRESS	Milton, FL 32583		
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	D THAMES, CHARLES <input type="checkbox"/> Delete	TITLE			
NAME	8197 TIDWELL RD.	NAME			
STREET ADDRESS	PACE, FL 32571	STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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: Robert Conway		2-3-08		994-6666	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	