2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000011895

1. Entity Name
GONZALEZ UNITED METHODIST CHURCH, INC.



FILED Apr 19, 2006 8:00 am Secretary of State 04-19-2006 90105 017 ****61.25

				TIES .						
Principal Plac 2026 PAULI PENSACOLA,	NE STREET	Mailing Address P.O. BOX 38 GONZALEZ, FL 32560	<u> </u>							
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2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02152006 Chg-NP CR2E037 (11/05)					
t City & State :		City & State			4. FEI Number 59-1174432				plied For Applicable	
Zip	Country	Ζiρ	Country		5. Certificate o	Status Desired		8.75 Add ee Require		
-	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New	Registered A	gent		
REEVES, JAMES J.			Name	Name						
730 BAYFI	RONT PARKWAY, STE. 4B DLA, FL 32514		Street Address			(P.O. Box Number is Not Acceptable)				
	,									
	•		City				FL	Zip Code	Э	
	named entity submits this statement for ions of registered agent.	r the purpose of changing its r	egistered office o	r registere	ed agent, or both	in the State of I	Florida. I am fa	amiliar with,	and accept	
	one of rogister ou agonii									
SIGNATURE .										
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signat	ture required v	when reinstating)	·	DATE			
Filing Fee Is \$61.25 Due by May 1, 2006		A Floriton Com	Election Campaign Financing Trust Fund Contribution.							
	_	1			\$5.00 May Be Added to Fees	Fk	Make check orida Departı			
10.	_	Trust Fund Co		<u> </u>	\$5.00 May Be Added to Fees DDITIONS/CHAI		orida Departı	ment of St	ate	
TITLE	Due by May 1, 2006 OFFICERS AND DIF	Trust Fund Co	11.	<u>А</u>	Added to Fees		orida Departi	ment of St	ate	
TITLE NAME	OFFICERS AND DIF	Trust Fund Co	11. TITLE NAME	P Kenn	Added to Fees DDITIONS/CHAI y Smith	NGES TO OFFIC	orida Departi	ment of St	10	
TITLE	Due by May 1, 2006 OFFICERS AND DIF	Trust Fund Co	11.	P Kenn 7134	Added to Fees DDITIONS/CHAI y Smith Inniswol	VGES TO OFFICE	orida Departi	ment of St	10	
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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: 🕓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850 968-4582 Daytime Phone #