

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000011904

1. Entity Name
**ALTURAS UNITED METHODIST CHURCH OF FLORIDA,
INC.**



Principal Place of Business

**2745 OAK DRIVE
ALTURAS, FL 33820**

Mailing Address

**PO BOX 66
ALTURAS, FL 33820**



01162007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3352883

Applied For
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VOIGT, JOHN
3065 E. CENTRAL AVENUE
BARTOW, FL 33830**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TR
VOIGT, JOHN
3065 E. CENTRAL AVENUE
BARTOW, FL 33830**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TR
PERDUE, JOHNNY
P.O. BOX 41
ALTURAS, FL 33820**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TR
TATE, JANET
1510 ALTURAS ROAD
BARTOW, FL 33830**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TR
KELLY, KAREN
P.O. BOX 331
ALTURAS, FL 33830**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TR
WENTWORTH, ALVIN
6815 HIGHWAY 60 E, #435
BARTOW, FL 33830**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TR
MERCER, CANDANCE
1950 EL PASO TRAIL
BARTOW, FL 33830**

U00000596350
01/23/07-80075-025 70.00

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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:

John A. Voigt
JOHN A. VOIGT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-07

Date

863-537-1196

Daytime Phone #