

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2008 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



02042008 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

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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, 2008**

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

U00000826780
02/21/08-80062-018 61.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-08

Date

Daytime Phone #