


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000002433

1. Entity Name
ST. PHILLIPS FLORIDA UNION METHODIST EPISCOPAL CHURCH, INC.



FILED


07 APR 25 PM 12:30

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

RBC

Principal Place of Business 2322 ST. MARKS ST TALLAHASSEE, FL 32310	Mailing Address 901 CARVER STREET TALLAHASSEE, FL 32310
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04252007 Chg-NP CR2E037 (12/06)

4. FEI Number 14-1925090	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DIXON, OTIS LEE III 901 CARVER ST TALLAHASSEE, FL 32310	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P JENKINS, AMOS P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2322 ST MARKS ST			NAME			
STREET ADDRESS	TALLAHASSEE, FL 32310			STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	P MCCLLOUD, P C	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2322 ST MARKS ST			NAME			
STREET ADDRESS	TALLAHASSEE, FL 32310			STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	T DIXON, OTIS JR.	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2322 ST MARKS ST			NAME			
STREET ADDRESS	TALLAHASSEE, FL 32310			STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	S DIXON, OTIS LEE III	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2322 ST MARKS ST			NAME			
STREET ADDRESS	TALLAHASSEE, FL 32310			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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

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