DOCUMENT # N05000003537

## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 15, 2006 8:00 am Secretary of State

t. Entity Name HARRISON CHAPEL FLORIDA UNION METHODIST EPISCOPAL CHURCH, INC.								05-02-2	:006 901	63 037 *	***61.25	
Principal Place of Business Mailing Address 1609 OLD BAINBRIDGE RD 5635 CYPRESS CIR TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303												
Principal Place of Business     3. Mailing Address												
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02252008	01-11D				
						_		Chg-NP	CKZE	37 (11/05)		
City & State	9	City	City & State				4. FEI Numbe	r'			polied For pt-Applicable	
Zip	Country		бр Соч		try S.		5. Certificate	of Status Desired	۵	\$8.75 Ad Fee Require		
	6. Name and Address of Current	Registerer	d Agent		Name		7. Name and	Address of New	Registered	Agent		
LOWRY, A. LEON II						nes (F	O. Roy Number	x is Not Acceptal				
	SSEE, FL 32312					(.						
					City		<del> </del>			Zip Cod	le	
The shows cornect active submits this statement for the suppose of changing in society.						nistere	vi agent or bot	h in the State of I	FL Porida Lem	<b>-</b>		
	<ol> <li>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.</li> </ol>											
SIGNATURE												
Signature, typed or printed name of registered agent and We if applicable. (NOTE: Registered Agent algressive required when reinstating)  DATE												
Due by May 1, 2006 Trust Fo				on Campaign Financing Fund Contribution.			\$5.00 May Bi Added to Fees	Make check payable to Floride Department of State				
10. OFFICERS AND DIRECTOR					ADDITIONS/CHANGES TO OFFICE							
	<del>,</del>	RECTORS		11.				WGES TO OFFIC	ERS AND D			
10. TITLE NAME	P LOWRY, A. LEON II	RECTORS	☐ Delete	TITLE KVAR		Ą		ANGES TO OFFIC	ERS AND D	Change	Addition	
TITLE NAME STREET ADDRESS	P LOWRY, A. LEON II 9800 WATERS MEET DR.	RECTORS	□ Delote	TITLE KAME STRE	ET ADDRESS			ANGES TO OFFIC	EPRS AND D			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOWRY, A. LEON II	RECTORS		TITLE KANG STRE CITY-	ET ADORESS -ST-ZIP			WGES TO OFFIC	ERS AND D	☐ Change	Addition	
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P LOWRY, A. LEON II 9800 WATERS MEET DR. TALLAHASSEE, FL 32312 O LITTLES, LEROY	RECTORS	☐ Delote	TITLE KANG STREE CITY- TITLE MAME	E ET ADDRESS -ST-ZIP			NGES TO OFFIC	ERS AND D			
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TITLE MAME STREET ADDRESS CITY-ST-ZBP  TITLE MAME STREET ADDRESS CITY-ST-ZBP  TITLE MAME TITLE MAME	P LOWRY, A. LEON II 9800 WATERS MEET DR. TALLAHASSEE, FL 32312  O LITTLES, LEROY 2317 OLIVER ST. TALLAHASSEE, FL 32310  O NOBLE, TRACY	RECTORS	☐ Delete	TITLE HAME STREE CITY- TITLE CITY- TITLE NAME	E ET ADDRESS ET ADDRESS ST-ZP ET ADDRESS -ST-ZP			WGES TO OFFIC	ERS AND D	☐ Change	Addition	
TITLE HAME STREET ADDRESS CITY-ST-ZEP  TITLE HAME STREET ADDRESS CITY-ST-ZEP  TITLE	P LOWRY, A. LEON II 9800 WATERS MEET DR. TALLAHASSEE, FL 32312 O LITTLES, LEROY 2317 OLIVER ST. TALLAHASSEE, FL 32310 O	RECTORS	☐ Delete	TITLE HAME STREE CITY- TITLE HAME STREE HAME STREE	E E ADDRESS -ST-ZIP E ADDRESS -ST-ZIP -ST-ZIP			WGES TO OFFIC	ERS AND D	☐ Change	Addition	
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