


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000003537		
1. Entity Name HARRISON CHAPEL FLORIDA UNION METHODIST EPISCOPAL CHURCH, INC.		
Principal Place of Business 1609 OLD BAINBRIDGE RD TALLAHASSEE, FL 32303	Mailing Address 5635 CYPRESS CIR TALLAHASSEE, FL 32303	



04272007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LOWRY, A. LEON II 9800 WATERS MEET DR. TALLAHASSEE, FL 32312	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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	P LOWRY, A. LEON II 9800 WATERS MEET DR. TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O LITTLES, LEROY 2317 OLIVER ST. TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O NOBLE, TRACY 5635 CYPRESS CIR. TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NOBLE, MERSHAL 5635 CYPRESS CIR. TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/17/07-80048-018 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Lowry II* 4/27/07 (850) 562-1405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #