

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 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**



04232008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

**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**

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 reappointing)

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	P
NAME	LOWRY, A. LEON II
STREET ADDRESS	9800 WATERS MEET DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32312

TITLE	O
NAME	LITTLES, LEROY
STREET ADDRESS	2317 OLIVER ST.
CITY-ST-ZIP	TALLAHASSEE, FL 32310

TITLE	O
NAME	NOBLE, TRACY
STREET ADDRESS	5635 CYPRESS CIR.
CITY-ST-ZIP	TALLAHASSEE, FL 32303

TITLE	S
NAME	NOBLE, MERSHAL
STREET ADDRESS	5635 CYPRESS CIR.
CITY-ST-ZIP	TALLAHASSEE, FL 32303

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/23/08**

Date

**(850) 562-1405**

Daytime Phone #