


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000005333	
1. Entity Name SOUTH CENTRAL DISTRICT, FLORIDA ANNUAL CONFERENCE, UNITED METHODIST CHURCH, INC.	

Principal Place of Business 202 W REYNOLDS ST PLANT CITY, FL 33563	Mailing Address 202 W REYNOLDS ST PLANT CITY, FL 33563
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01122007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-2889323	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HAAS, ROMAINE 202 W REYNOLDS PLANT CITY, FL 33563
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROW, A. KENT A JR 1800 CYPRESS GARDENS BLVD WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RYCKMAN, DOUG 4902 ST. CROIX DR TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	J PORTER, LEONARD 4906 WEDGEWOOD PL TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOVE, JOSE 202 W REYNOLDS PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/26/07-80019-022 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: <i>Romaine Haas</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <i>1/22/2007</i>	Daytime Phone: <i>813/719-7270</i>
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