

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005361

FILED
Jan 12, 2007
Secretary of State

Entity Name: NORTH WEST DISTRICT, FLORIDA ANNUAL CONFERENCE, UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

3370 CAPITAL CIRCLE NE, SUITE C-1
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

P O BOX 13766
TALLAHASSEE, FL 323173766

New Mailing Address:

FEI Number: 20-2888692

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDEZ, TONY REV.
3370 CAPITAL CIRCLE NE SUITE C-1
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PEELE, S. AUSTIN MR.
Address: 1 VALENCIA ROAD
City-St-Zip: LAKE CITY, FL 32025 US

Title: V () Delete
Name: YATES, LINDA MRS.
Address: 1111 WISTERIA DRIVE
City-St-Zip: TALLAHASSEE, FL 32312 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA YATES

MRS.

01/12/2007

Electronic Signature of Signing Officer or Director

Date