


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90244 015 ****61.25

DOCUMENT # N08374	
1. Entity Name	
DUNDEE UNITED METHODIST CHURCH, INC.	

Principal Place of Business	Mailing Address
3RD & MERRILL ST. DUNDEE FL 33838	P.O. BOX 1688 DUNDEE FL 33838 US

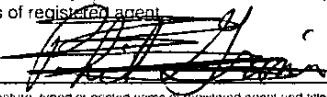
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-6509350	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
GRINER, PHIL 7030 HATCHINEHA RD. HAINES CITY, FL 33844

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 	DATE <u>2-26-06</u>
<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	--

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	EUGENE, WARD
STREET ADDRESS	246 GOLF AIRE BLVD
CITY-ST-ZIP	WINTER HAVEN FL 33884
TITLE	<input checked="" type="checkbox"/> Delete
NAME	TOSH, BARRY
STREET ADDRESS	4050 JENNINGS RD.
CITY-ST-ZIP	HAINES CITY FL 33844
TITLE	<input type="checkbox"/> Delete
NAME	SPENCE, HOWARD W
STREET ADDRESS	2909 PLANTATION RD
CITY-ST-ZIP	WINTER HAVEN FL 33884
TITLE	<input checked="" type="checkbox"/> Delete
NAME	HARDAKER, SUSANNE
STREET ADDRESS	510 MAIN ST.
CITY-ST-ZIP	DUNDEE FL 33838
TITLE	<input type="checkbox"/> Delete
NAME	Charles M Cook
STREET ADDRESS	PO Box 381
CITY-ST-ZIP	Lake Hamilton Fla 33851
TITLE	<input type="checkbox"/> Delete
NAME	Barbara Bateman
STREET ADDRESS	317 6th St
CITY-ST-ZIP	Dundee Fla 33838

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **CHARLES M COOK** 2/26/06