


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90073 023 ****61.25

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| DOCUMENT # N16952 | |  |
| 1. Entity Name SOPCHOPPY UNITED METHODIST CHURCH, INC. | | |

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| Principal Place of Business 131 ROSE ST PO BOX 85 SOPCHOPPY FL 32358 US | Mailing Address 131 ROSE ST P. O. BOX 85 SOPCHOPPY FL 32358 US |
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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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|--------------|--------------|
| City & State | City & State |
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|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
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1st MOORE CR2E037 (10/04)

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| 4. FEI Number 59-2159347 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent FAUGHNAN, GLORIA W PO BOX 37 307 BUEKHORN CREEK RD. SOPCHOPPY FL 32358 | |
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| 7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code | |
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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 Gloria W. Faughnan (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | 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 |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D YATES, RANDY <input type="checkbox"/> Delete 6 NATURAL SPRINGS LANE SOPCHOPPY FL 32358 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D THURMAN, RODDENBERRY <input type="checkbox"/> Delete PO BOX 126 SOPCHOPPY FL 32358 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RODDENBERRY, BOBBY <input checked="" type="checkbox"/> Delete PO BOX 22 SOPCHOPPY FL 32358 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mary Lynn Sweet 329 Trice Lane Crawfordville, FL 32327 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STRICKLAND, BO <input checked="" type="checkbox"/> Delete P.O BOX 427 SOPCHOPPY FL 32358 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ann Bartholomew 7 BERTS Branch Rd Sopchoppy FL 32358 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VAUSE, CHUCK <input checked="" type="checkbox"/> Delete 1880 CURTIS MILL RD SOPCHOPPY FL 32358 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Tillman Rudd 69 TUCKER SPRINGS Rd Sopchoppy, FL 32358 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PARIDO, LAUREL <input checked="" type="checkbox"/> Delete PO BOX 696 CRAWFORDVILLE FL 32326 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Walt Dickson 97 N. Lake Ellen Lane Crawfordville, FL 32327 |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Warren C. Harden, Treasurer Warren C. Harden 2-28-05 850 962-4211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #