

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

FILED
Aug 04, 2006 8:00 am
Secretary of State

03-08-2006 90188 037 ****61.25

DOCUMENT # N16952

1. Entity Name

SOPCHOPPY UNITED METHODIST CHURCH, INC.



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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/06)

4. FEI Number

59-2159347

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FAUGHNAN, GLORIA W
PO BOX 37
307-BUCKHORN CREEK RD. *Buckhorn*
SOPCHOPPY FL 32358

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25

Due By September 6, 2006

Check on File #4084 1-30-06

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	YATES, RANDY	
STREET ADDRESS	6 NATURAL SPRINGS LANE	
CITY-ST-ZIP	SOPCHOPPY FL 32358	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THURMAN, RODDENBERRY	
STREET ADDRESS	PO BOX 126	
CITY-ST-ZIP	SOPCHOPPY FL 32358	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SWEET, MARY L	
STREET ADDRESS	329 TRICK LANE	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARTHOLOMEW, ANN <i>co-chn</i>	
STREET ADDRESS	7 BERT'S BRANCH RD	
CITY-ST-ZIP	SOPCHOPPY FL 32358	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUDD, TILLMAN	
STREET ADDRESS	69 TUCKER SPRINGS RD	
CITY-ST-ZIP	SOPCHOPPY FL 32358	
TITLE	D	<input type="checkbox"/> Delete
NAME	DICKSON, WALT <i>co-chn</i>	
STREET ADDRESS	97 N LAKE ELLEN LANE	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	

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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fulghum, David	
STREET ADDRESS	681 Rose St.	
CITY-ST-ZIP	Sopchoppy, FL 32358	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tartt Leonard	
STREET ADDRESS	193 Railroad Ave. PO Box 175	
CITY-ST-ZIP	Sopchoppy, FL 32358-0175	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vause, Lorine	
STREET ADDRESS	1870 Cuptis Mill Rd	
CITY-ST-ZIP	Sopchoppy, FL 32358	
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 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: *Warren C. Harden* *Warren C. Harden Treasurer* *8/3/06* *850-962-4211*