


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90094 050 ****61.25

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

Principal Place of Business	Mailing Address
131 ROSE ST PO BOX 85 SOPCHOPPY FL 32358 US	131 ROSE ST P. O. BOX 85 SOPCHOPPY FL 32358 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number	Applied For
59-2159347	Not Applicable

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		7. Name and Address of New Registered Agent	
FAUGHNAN, GLORIA W PO BOX 37 307 BUCKHORN CREEK RD. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

FILE NOW: 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	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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YATES, RANDY	NAME	
STREET ADDRESS	6 NATURAL SPRINGS LANE	STREET ADDRESS	
CITY ST ZIP	SOPCHOPPY FL 32358	CITY ST ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULQUM, DAVID	NAME	
STREET ADDRESS	681 ROSE ST.	STREET ADDRESS	
CITY ST ZIP	SOPCHOPPY FL 32358	CITY ST ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARTT, LEONARD	NAME	
STREET ADDRESS	193 RAILROAD AVE PO BOX 175	STREET ADDRESS	
CITY ST ZIP	SOPCHOPPY FL 32358	CITY ST ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARTHOLOMEW, ANN	NAME	Linda Lumley
STREET ADDRESS	7 BERT'S BRANCH RD	STREET ADDRESS	7 TUCKER SPRINGS RD.
CITY ST ZIP	SOPCHOPPY FL 32358	CITY ST ZIP	Sopchoppy, FL 32358
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUSE, LORINE	NAME	
STREET ADDRESS	1870 CURTIS MILL RD.	STREET ADDRESS	
CITY ST ZIP	SOPCHOPPY FL 32358	CITY ST ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKSON, WALT	NAME	
STREET ADDRESS	97 N LAKE ELLEN LANE	STREET ADDRESS	
CITY ST ZIP	CRAWFORDVILLE FL 32327	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: Gloria W. Faughnan Gloria W. Faughnan 1-29-07 850-962-2311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #