# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Feb 07, 2008 8:00 am**
**Secretary of State**
02-07-2008 90029 003 ****61.25

DOCUMENT # N16952

1. Entity Name

SOPCHOPPY UNITED METHODIST CHURCH, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 131 ROSE ST<br>PO BOX 85<br>SOPCHOPPY FL 32358<br>US | 131 ROSE ST<br>P. O. BOX 85<br>SOPCHOPPY FL 32358<br>US |

1st MOORE CR2E037 (10/07)

| 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 |

4. FEI Number 59-3371987 ☐ 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<br>PO BOX 37<br>307 BUCKHORN CREEK RD.<br>SOPCHOPPY FL 32358 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 reinstating) DATE

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2008**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>YATES, RANDY<br>6 NATURAL SPRINGS LANE<br>SOPCHOPPY FL 32358 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☒ Addition<br>ANNE PITT<br>P.O. Box 634 447 BOSTIC PITT RD.<br>CRAWFORDVILLE, FL 32326-0634 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>~~FULGHUM~~, DAVID Fulghum<br>681 ROSE ST.<br>SOPCHOPPY FL 32358 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>TARTT, LEONARD<br>193 RAILROAD AVE PO BOX 175<br>SOPCHOPPY FL 32358 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LUMLEY, LINDA<br>7 TUCKER SPRINGS RD<br>SOPCHOPPY FL 32358 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>VAUSE, LORINE<br>1870 CURTIS MILL RD.<br>SOPCHOPPY FL 32358 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>Bo STRICKLAND<br>P.O. Box 427<br>70 Doc Simmons Rd.<br>Sopchoppy, FL 32358 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DICKSON, WALT<br>97 N LAKE ELLEN LANE<br>CRAWFORDVILLE FL 32327 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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 1-30-08 850 962-2311