


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90072 033 \*\*\*\*61.25

<b>DOCUMENT # N19911</b> 1. Entity Name <b>FIRST UNITED METHODIST CHURCH OF STARKE, FLORIDA, INCORPORATED</b>					
Principal Place of Business <b>200 NO WALNUT ST STARKE, FL 32091</b>			Mailing Address <b>PO BOX 157 STARKE, FL 32091</b>		
2. Principal Place of Business - No P.O. Box # <b>200 NORTH WALNUT ST.</b>			3. Mailing Address Suite, Apt. #, etc.		
City & State <b>STARKE, FL</b>			City & State		
Zip <b>32091</b>		Country <b>USA</b>		Zip	
Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>POLK, MARIE 200 NO WALNUT ST STARKE, FL 32091</b>				7. Name and Address of New Registered Agent Name <b>DEBRA GRADY</b> Street Address (P.O. Box Number is Not Acceptable) <b>200 North WALNUT STREET</b> City <b>STARKE</b> FL Zip Code <b>32091</b>	
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: <i>Debra Grady</i> <b>DEBRA GRADY, TREASURER</b> <b>February 6, 2007</b> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDREWS, A T PO BOX 57 GRAHAM, FL 32042	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VAUGHAN, TERRY 1411 REE ST STARKE, FL 32091	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POLK, MARIE 200 NO WALNUT ST STARKE, FL 32091	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POWELL, MARY 502 LEGION TERRACE STARKE, FL 32091	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAHN, BUSTEE 1419 REE ST STARKE, FL 32091	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT Scott Roberts 1317 Chataqua Way Keystone Heights FL 32656				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Grady, Debra 2782 Lake street LAWTEY, FL 32058				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S Dimple Overstreet 5378 NW CR 229 Starke FL 32091				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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.					
<b>SIGNATURE:</b> <i>Debra Grady</i> <b>Debra Grady Treasurer 2/7/07 904533-2018</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					