

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N24022

1. Entity Name
SALEM WESLEYAN CHURCH, INC.



Principal Place of Business
**2764 SALEM CHURCH RD.
SNEADS, FL 32460 US**

Mailing Address
**2764 SALEM CHURCH RD.
SNEADS, FL 32460 US**



01072006 No Chg-NP CRZE037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HOBBS, DIANNE
7109 HAMILTON RD.
GRAND RIDGE, FL 32442**

**DO NOT WRITE
IN THIS SPACE**

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 rechartering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
HOBBS, DIANE
7109 HAMILTON RD.
GRAND RIDGE, FL 32442**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
PEVY, ALAN
7458 HOWELL RD.
SNEADS, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SWINNEY, SAMUEL R
2755 SALEM CHURCH ROAD
SNEADS, FL 32460**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
WALDEN, FAYE
1847 GULF POWER RD.
SNEADS, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ALEXANDER, GLENN
6261 HWY 90
GRAND RIDGE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILLIAMS, T.E.
7592 HOWELL RD.
SNEADS, FL**

000000438283
02/28/06-80082-008 61.25

**DO NOT WRITE
IN THIS SPACE**

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 files empowered.

SIGNATURE:

Dianne P. Hobbs **Dianne P. Hobbs**

2/13/06 850-663-7436

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #