


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N26837</b> 1. Entity Name <b>EMMANUEL UNITED METHODIST CHURCH, INC.</b>	
---	---

Principal Place of Business <b>700 MAIN STREET PALATKA, FL 32177</b>	Mailing Address <b>700 MAIN STREET PALATKA, FL 32177</b>
---	---

**DO NOT WRITE IN THIS SPACE**



03132008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2499142</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>SPELL, ERNEST 401 MAGNOLIA ST. PALATKA, FL 32177</b>
--

**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 reinstating) DATE

<b>Filing Fee is \$81.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000370469 04/09/08-80089-018 61.25
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLS, ERIC SR 431 WILSON DR. INTERLACHEN, FL 32148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPELL, ERNEST 401 MAGNOLIA ST PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SPELL, THELMA 164 E. HECORMICK RD EAST PALATKA, FL 32131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CONSTANDEE, SCHNEIDER 315 N. 7TH ST. PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWERY, WESLEY 1506 OCEAN STREET PALATKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYD, CHARLIE 1600 NAPOLEAN ST. PALATKA, FL 32177

**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 like empowered.

**SIGNATURE:** *Thelma Spell, TheLma Spell, Secretary* 3/22/08 (386)328-9491  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #