



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N27220</b> 1. Entity Name <b>KILLEARN LAKES UNITED METHODIST CHURCH, INC.</b>						<b>FILED</b>  05 JAN 28 PM 4:11  SECRETARY OF STATE TALLAHASSEE, FLORIDA  	
Principal Place of Business 8013 DEER LAKE ROAD, S. TALLAHASSEE, FL 32312 US				Mailing Address 8013 DEER LAKE ROAD, S. TALLAHASSEE, FL 32312 US			
2. Principal Place of Business		3. Mailing Address		01282005 Chg-NP		CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2886749		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
PULLEN, DEBBIE 1300 CONSERVANCY DR. E. TALLAHASSEE, FL 32312				Name <b>TOM BRANTLEY</b> Street Address (P.O. Box Number is Not Acceptable) <b>3213 N. SHANNON LAKES DR.</b> City <b>TALLAHASSEE</b> FL Zip Code <b>32309</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 <u><i>Thomas P. Brantley</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>1-28-05</u> <small>NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2005</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>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRANTLEY, TOM 3213 SHANNON LAKES NO. TALLAHASSEE, FL 32309			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC 3213 N. SHANNON LAKES DR. 1000461155001 02/07/05--01043--007 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PULLEN, DEBBIE 1300 CONSERVANCY DR E TALLAHASSEE, FL 32312			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT TVC MIKE PARRAMORE 2207 TEN OAKS DR TALLAHASSEE, FL 32312		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GODFREY, JIM 6281 HINES HILL CIRCLE TALLAHASSEE, FL 32312			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CAMY KEELE 1760 BROKEN BOW TRL TALLAHASSEE, FL 32312		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]			TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]			TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Thomas P. Brantley</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>Tom Brantley</u> <small>TRUSTEES CHAIR</small>			
Date <u>1-28-05</u>				Daytime Phone # <u>(850) 488-1948</u>			