
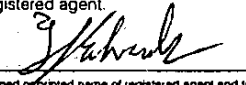
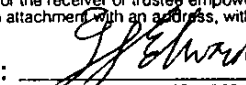


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90285 019 ****61.25

DOCUMENT # N29063 1. Entity Name ST. PAUL UNITED METHODIST CHURCH, INC. OF GULF BREEZE					
Principal Place of Business 4901 GULF BREEZE PARKWAY GULF BREEZE, FL 32561-9286			Mailing Address 4901 GULF BREEZE PARKWAY GULF BREEZE, FL 32561-9286		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2376813	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PERNELL, DAN L 5104 MANDAVILLE BLVD GULF BREEZE, FL 32563				7. Name and Address of New Registered Agent Name EDWARDS, T.J. Street Address (P.O. Box Number is Not Acceptable) 1914 PELICAN LANE City NAVARRE FL Zip Code 32566	
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  <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE 4/26/2006	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLOYD, LORI		NAME		
STREET ADDRESS	2017 CANDLEWOOD DR		STREET ADDRESS		
CITY- ST- ZIP	NAVARRE, FL 32566		CITY- ST- ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSON, JOHN		NAME		
STREET ADDRESS	1692 SEA LARK LANE		STREET ADDRESS		
CITY- ST- ZIP	NAVARRE, FL 32566		CITY- ST- ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEASLEY, TRUETT		NAME	JEFFERS, JEFF	
STREET ADDRESS	5044 LANTANA DRIVE		STREET ADDRESS	6985 GANDY DRIVE	
CITY- ST- ZIP	GULF BREEZE, FL 32563		CITY- ST- ZIP	NAVARRE, FL 32566	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EDWARDS, T J		NAME	HARRIS, RUSSELL	
STREET ADDRESS	1914 PELICAN LANE		STREET ADDRESS	5927 EAST BAY BLVD.	
CITY- ST- ZIP	NAVARRE, FL 32566		CITY- ST- ZIP	GULF BREEZE, FL 32563	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRENNING, HANK		NAME	LOVELACE, LLOYD	
STREET ADDRESS	1554 OAK SHORE DRIVE		STREET ADDRESS	2004 TAMPA BLVD.	
CITY- ST- ZIP	GULF BREEZE, FL 32563		CITY- ST- ZIP	NAVARRE, FL 32566	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BALLAS, PATRICIA		NAME		
STREET ADDRESS	2664 VENETIAN WAY		STREET ADDRESS		
CITY- ST- ZIP	GULF BREEZE, FL		CITY- ST- ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 4/26/2006		
			Daytime Phone # 850 699 4250		