


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2006 08:00 AM
Secretary of State

DOCUMENT # N30026 1. Entity Name ANTHONY UNITED METHODIST CHURCH, INC.	
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Principal Place of Business 2936 NE 97TH PLACE P. O. BOX 96 ANTHONY, FL 32617	Mailing Address 2936 NE 97TH PLACE P. O. BOX 96 ANTHONY, FL 32617
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05082006 No Chg-NP CR2E037 (4/06)
 4. FEI Number 59-3415644 Applied For / Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRIPLETT, JAMES E
 4655 NW 23RD CT
 OCALA, FL 34479

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by September 6, 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	PD TRIPLETT, JAMES 4655 NE 23RD CT OCALA, FL 34479
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CYR, WALTER 10300 NE JAX RD ANTHONY, FL 32617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANDOREN, GARY 11532 NW GAINSEVILLE RD LOWELL, FL 326630101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUNZ, AL 10850 NE HWY 315 FORT MC COY, FL 32134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, CHARLOTTE 9980 NE 23RD CT ANTHONY, FL 32617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHORT, BOOKER 4325 NE 21ST ST OCALA, FL 34470

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 05/20/06-80106-013 61.25

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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: *James E. Triplett* 5/16/06 352-622-4764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #