


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 A
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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DO NOT WRITE IN THIS SPACE



02112007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3415644	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000760934
05/25/07-80034-023 61.25

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	TRIPLETT, JAMES
STREET ADDRESS	4655 NE 23RD CT
CITY-ST-ZIP	OCALA, FL 34479
TITLE	V
NAME	CYR, WALTER
STREET ADDRESS	10300 NE JAX RD
CITY-ST-ZIP	ANTHONY, FL 32617
TITLE	D
NAME	VANDOREN, GARY
STREET ADDRESS	11532 NW GAINSEVILLE RD
CITY-ST-ZIP	LOWELL, FL 326630101
TITLE	D
NAME	KUNZ, AL
STREET ADDRESS	10850 NE HWY 315
CITY-ST-ZIP	FORT MC COY, FL 32134
TITLE	D
NAME	WILLIAMS, CHARLOTTE
STREET ADDRESS	9980 NE 23RD CT
CITY-ST-ZIP	ANTHONY, FL 32617
TITLE	D
NAME	SHORT, BOOKER
STREET ADDRESS	4325 NE 21ST ST
CITY-ST-ZIP	OCALA, FL 34470

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: Walter L. Cyr WALTER L. CYR, V.P. 4/29/07 352-732-4906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #