

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90030 037 ****61.25

DOCUMENT # N30089

1. Entity Name

THE WESLEYAN CHURCH OF PAOLA, INC.



Principal Place of Business

5650 WAYSIDE DR
5751 MICHELLE LANE
SANFORD FL 32771
US

Mailing Address

C/O GENE A BURKE
5751 MICHELLE LANE
SANFORD FL 32771



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

46 James R. Sexton
3471 OHIO AVE.

City & State

City & State
SANFORD, FL 32773

Zip

Country

Zip

Country

32773

USA

4. FEI Number

59-2934060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

SEXTON, JAMES R.
3471 OHIO AVE.
SANFORD FL 32773

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

James R. Sexton *James R. Sexton*

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

2-12-06

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME WATSON, TERRY W.
STREET ADDRESS 4960 WOODRUFF SPRING ROAD
CITY-ST-ZIP SANFORD FL 32771

TITLE STD ☐ Delete
NAME SEXTON, JAMES R
STREET ADDRESS 3471 OHIO AVE
CITY-ST-ZIP SANFORD FL 32773

TITLE D ☐ Delete
NAME SEXTON, JACK R.
STREET ADDRESS 2511 OLD LAKE MARY ROAD
CITY-ST-ZIP SANFORD FL 32773

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Sue E. Session *Sue E. Session, Secretary* 2-12-06

407-321-6458