

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

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90106 016 \*\*\*\*61.25

**DOCUMENT # N36314**

1. Entity Name

UNITED METHODIST MEN OF GULF COVE, INC.



Principal Place of Business

1100 MCCALL RD  
PT CHARLOTTE FL 33981  
US

Mailing Address

1100 MCCALL RD  
PT CHARLOTTE FL 33981  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number  
65-0256388

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JUDD, ROBERT  
243 FAIRWAY RD.  
ROTONDA WEST FL 33947

7. Name and Address of New Registered Agent

Name **RIP SHROUT**

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

**17444 NEWCOMB RD**

City **PORT CHARLOTTE**

**FL**

Zip Code  
**33953**

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

*Rip ShROUT*

**RIP SHROUT**

**3/2/06**

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**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 PD ☒ Delete  
NAME JUDD, ROBERT  
STREET ADDRESS 243 FAIRWAY ROAD  
CITY-ST-ZIP ROTONDA FL 33947

TITLE VPT ☒ Delete  
NAME BRYANT, HERB  
STREET ADDRESS 504 MCCABE  
CITY-ST-ZIP PORT CHARLOTTE FL 33953

TITLE P ☒ Delete  
NAME JUDD, ROBERT  
STREET ADDRESS 243 FAIRWAY RD.  
CITY-ST-ZIP ROTONDA WEST FL 33947

TITLE T ☒ Delete  
NAME JAMISON, TOM  
STREET ADDRESS 9 BUNKER WAY  
CITY-ST-ZIP ROTONDA FL 33947

TITLE TS ☒ Delete  
NAME CONSTELLO, V/C  
STREET ADDRESS 2600 TUSKET AVENUE  
CITY-ST-ZIP NORTH PORT FL 34286

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT DIRECTOR PD** ☒ Change ☐ Addition  
NAME **RIP SHROUT**  
STREET ADDRESS **17444 NEWCOMB RD**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33953**

TITLE **ART GARAFALO VPT** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4192 HOLBEIN ST**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33981**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **RIP SHROUT**  
STREET ADDRESS **17444 NEWCOMB RD**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33953**

TITLE **TREASURER** ☒ Change ☐ Addition  
NAME **JOHN H MILLS**  
STREET ADDRESS **7084 SEA MIST DR**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33981**

TITLE **SECRETARY TS** ☒ Change ☐ Addition  
NAME **ROGER EBERLY**  
STREET ADDRESS **7399 VAN LAKE DRIVE**  
CITY-ST-ZIP **ENGLEWOOD FL 34224**

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:

*John H Mills*

**JOHN H MILLS**

**3/2/06**

**941 474 8805**