

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 08, 2006
Secretary of State**

DOCUMENT# N40676

Entity Name: NORTH MERRITT ISLAND UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

6355 N. COURTENAY PKWY
MERRITT ISLAND, FL 32953 US

New Principal Place of Business:

Current Mailing Address:

6355 N. COURTENAY PKWY.
MERRITT ISLAND, FL 32953 US

New Mailing Address:

FEI Number: 59-3040188 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IVEY, WADE A.
275 EAGLE LANE
MERRITT ISLAND, FL 32953 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: WADE, IVEY
Address: 275 EAGLE LANE
City-St-Zip: MERRITT ISLAND, FL 32953

Title: DV () Delete
Name: COTTRELL, LES
Address: 108 RIVER HEIGHTS DRIVE
City-St-Zip: COCOA, FL 32922

Title: D () Delete
Name: STACKHOUSE, SYLVIA
Address: 1300 ARLINGTON CIRCLE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D () Delete
Name: WHISENANT, BETTY
Address: 115 HIGHVIEW DRIVE
City-St-Zip: COCOA, FL 32922

Title: D () Delete
Name: BOYKEN, WADE
Address: 6176 N. TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D () Delete
Name: MERILEA, CAIN
Address: 290 EAGLE LANE
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WILLIAM, RILEY
Address: 1267 POTOMAC DR
City-St-Zip: MERRITT ISLAND, FL 32952

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WADE A. IVEY

Electronic Signature of Signing Officer or Director

PTD

02/08/2006

Date