


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90062 032 ****70.00

DOCUMENT # N41474 1. Entity Name CASA GRANDE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 7425 SAN RAMON DRIVE MILTON, FL 32583 US			Mailing Address 6223 HIGHWAY 90 #133 MILTON, FL 32570 US		
2. Principal Place of Business - No P.O. Box # Casa Grande Subdivision		3. Mailing Address P.O. Box 4507			
Suite, Apt. #, etc. 4447 Casa Grande Dr		Suite, Apt. #, etc.			
City & State Milton, FL		City & State Milton, FL		4. FEI Number NOT APPLICABLE	
Zip 32583		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32583		Country USA		6. Name and Address of Current Registered Agent DELOATCHE, SHARON 7442 SAN RAMON DR. MILTON, FL 32583	
7. Name and Address of New Registered Agent Name Stephen Lambeth Street Address (P.O. Box Number is Not Acceptable) 4447 Casa Grande Dr City Milton FL 32583					
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 <u>Stephen C. Lambeth (Stephen C. Lambeth)</u> 21 Apr 2007 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing: Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUMMINGS, STEPHEN 7436 SAN RAMON DR. MILTON, FL 32583	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Powell, Tim 7371 San Ramon Milton, FL 32583	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DELOATCHE, SHARON 7442 SAN RAMON DR. MILTON, FL 32583	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Carter, William 4387 Casa Grande Ln Milton, FL 32583	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWNS, ROBERT 7404 SAN RAMON DR MILTON, FL 32583	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Lambeth, Stephen 4447 Casa Grande Dr. MILTON, FL 32583	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DELOATCHE, SHARON 7442 SAN RAMON DR. MILTON, FL 32583	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Duvall, Claude 7510 Casa Grande Cir. Milton, FL 32583	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARRON, JERRY 7425 SAN RAMON DRIVE MILTON, FL 32583	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMPSON, JAMES 7378 SAN RAMON DR. MILTON, FL 32583	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Stephen C. Lambeth (Stephen C. Lambeth)</u> 21 Apr 07 (850) 291-2884 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40103993



04122007 Chg-NP CR2E037 (12/06)

ATTACHMENT

4010 3993

Division of Corporations**Annual Report**

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Document Number

N99000004875

Business Entity NameFIRST UNITED METHODIST CHURCH OF
APALACHICOLA, INC.**FEI Number**

593597442

FEI Number Status**Certificate of Status Desired**

No

**Election Campaign Financing Trust Fund
Contribution**

No

Principal Place of Business**Address** 75 5TH ST**Suite, Apt. #, etc.****City, State** APALACHICOLA, FL**Zip Code & Country** 32320**Mailing Address****Address** P.O. BOX 476**Suite, Apt. #, etc.****City, State** APALACHICOLA, FL**Zip Code & Country** 32329**Name and Address of Registered Agent****Name (Last, First, Middle, Title)** GILMORE, RAYMOND**Address** 93 S BAYSHORE DR**Suite, Apt. #, etc.****City, State** EASTPOINT, FL**Zip Code & Country** 32328 US**Registered Agent Signature****Officer/Director Name and Address****Title** PD**Name (Last, First, Middle, Title)** SAWYER, RITA**Street Address** 9 11TH ST

40103993

#N41474

City, State APALACHICOLA, FL
Zip Code & Country 32320

Title VD
Name (Last, First, Middle, Title) SIPRELL, GERALD
Street Address 3 WILDFLOWER LN
City, State APALACHICOLA, FL
Zip Code & Country 32320

Title TT
Name (Last, First, Middle, Title) WELLS, JACK
Street Address PO BOX 664
City, State EASTPOINT, FL
Zip Code & Country 32328

Title SD
Name (Last, First, Middle, Title) SHIVER, SKIP
Street Address 115 AVENUE B
City, State APALACHICOLA, FL
Zip Code & Country 32320

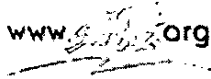
Title TT
Officer/Director Signature JACK WELLS

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