2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2007 8:00 am Secretary of State 05-03-2007 90062 032 ****70.00

Procipal Place of Business 17425 SAN RAMAN PRIVE 17435 SAN RAMAN P	2. Principal Place of Business - No P.O. Bour #	1. Entity Name	MENT # N41474	<u>)</u>	03-2007 90002 (032 /(,			
2. Principal Place of Business - No PC. Box # 3. Mailarg Address CASA Grande Subdictions 3. Mailarg Address CASA Grande Subdictions 3. Mailarg Address CASA Grande Dr Sullic Apt. 8, etc. 04122007 Chg-NP CR2E037 (12/06) Chg	2. Principal Places of Business - No PC Box # 2. Mailing Address CASO. Grande Subdu Ussed P D Box 450.7 Sinte April 17 Casa Grande D P Suite, April 8, etc. Sinte April 17 Casa Grande D P Suite, April 8, etc. Out 8 State County Suite 1. Mailing Address of Current Registered April No. April 8, etc. Out 8 State 1. Applicable P No. April 2007 Chg NP CR2E037 (12/06) PLATT Casa Grande D P Suite, April 8, etc. Out 8 State 1. Applicable P No. Applicable No. App	CASA GR	ANDE HOMEOWNERS' AS							
2. Principal Place of Business - No P.O. Box # . 3. Mailtring Address & P.O. Box # . 5. Conflictate of Status Desirate . Mic. Applicable . 5. Conflictate of Status Desirate . 5. Conflictate of Status . 5. Conflictate . 5. Conf	2. Principal Place of Business. No P.O. Box # 2. Mailing Address Casa. Grande Subd. U. 15 to P.O. Box 450.7 Suite, Aut. F. C. Casa. Grande Dr. Suite, Api. R. etc.	7425 SAN RA	MON DRIVE	6223 HIGHWAY 90 #133		40103	993			
Suite, April # of Casa Grande Dr City & Suite ML LTON FL MITON FL	Sullo, Aplif, etc. Cay 4, State Millton FL Cov 4, State Millton FL Cov 5, State Millton FL Millton FL St			3. Mailing Address	1507					
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Addres	6. Name and Address of Current Registered Agent 7. Name and Address of Recognized 8. The above named enthy submits this statement for the purpose of changing its registered agent. 8. The above named enthy submits this statement for the purpose of changing its registered agent. 8. The above named enthy submits this statement for the purpose of changing its registered agent. or both, in the State of Horida. I am familiar with, and accept the obligations of registered agent. 8. The above named enthy submits this statement for the purpose of changing its registered agent. or both, in the State of Horida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Horida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Horida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Horida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Horida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Horida. I am familiar with, and accept the obligations of registered agent. Or both. In the State of Horida. I am familiar with, and accept the obligations of registered agent. Or both. In the State of Horida. I am familiar with, and accept the obligations of registered agent. Or both. In the State of Horida. I am familiar with, and accept the obligations of registered agent. Or both. In the State of Horida. I am familiar with, and accept the obligations of registered agent. Or both. In the State of Horida. I am familiar with, and accept the obligations of registered agent. Or both. In the Other Interest of the obligations of registered agent. Or both. In the Other Interest of the obligation of registered agent. Or both. In			City & State	7	4. FEI Number . NOT APPLICA	ABLE	<u> </u>		
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DELOATCHE, SHARON 742/ SAN FAMON DR. Street Address (P.O. Box Number is Not Acceptable) HH 47 Ca Sa. Grande Dr City Mill ton 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 Rorida. I am familiar with, and accept the obligations of registered agent agent are of registered agent. SIGNATURE SIGNATURE Filing Fee is \$61.25 Due by May 1, 2007 Profess AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE CUMMINGS, STEPHEN STREET ADDRESS TA36 SAN RAMON DR. DELOATCHE, SHARON STREET ADDRESS TA42 SAN RAMON DR. STREET ADDRESS TA42 SAN RAMON DR. DELOATCHE, SHARON STREET ADDRESS TA42 SAN RAMON DR. DOWNS, ROBERT THE DOWNS, ROBERT DOWNS, ROBERT THE DOWNS, ROBERT DOWNS, ROBERT THE DOWNS, ROBERT THE THE THE THE THE THE THE	DELOATCHE, SHARON 7442 SAN PARTON DR. Street Address (P.O. Box Number is Not Acceptable) HH 47 Ca Sa Grande Dr City Mill Tow 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 SI		6. Name and Address of Current F	Registered Agent	Norma	7. Name and Addres	s of New Registered	Agent		
Street Address TP.O. Box Number is Not Acceptable) ### 7 Casa Grande Dr City Mil ton FL 75 Code B. The above named andry 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 Street Registered agent Street Registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Street Registered agent Street Registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Street Registered agent Street Registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Street Registered agent Street Registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Street Registered agent Street Registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent. SIGNATURE Street Registered agent Street Registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent Street Registered Registered agent Street Registered Registe	Sireer Address to P.O. Box Number is Not Acceptable) Sireer Address to P.O. Box Number is Not Acceptable) 4447 Casa Grande Dr City Milton FL 25283 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I an familiar with, and accept the obligations of registered agent. SIGNATURE Signature C. Lambeth 21 Apr 2007 SIGNATURE Signature Fling Fee is \$61.25 Due by May 1, 2007 Filing Fee is \$61.25 Due by May 1, 2007 Filing Fee is \$61.25 Due by May 1, 2007 Trust Fund Contribution OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE CUMMININGS, STEPHEN SIREE ADDRESS CITY-S1-2P MILTON, FL 32583 TILE DOWNS, ROBERT SIREE ADDRESS TA42 SAN RAMON DR. CITY-S1-2P MILTON, FL 32583 TILE DOWNS, ROBERT SIREE ADDRESS TA44 SAN RAMON DR. TILE DOWNS, ROBERT SIREE ADDRESS TA44 SAN RAMON DR. TILE DOWNS, ROBERT SIREE ADDRESS TA44 SAN RAMON DR. TILE DOWNS, ROBERT SIREE ADDRESS TA44 SAN RAMON DR. TILE DOWNS, ROBERT SIREE ADDRESS TA44 SAN RAMON DR. TILE DOWNS, ROBERT SIREE ADDRESS TA44 SAN RAMON DR. TILE DOWNS, ROBERT SIREE ADDRESS TA44 SAN RAMON DR. TILE DOWNS, ROBERT SIREE ADDRESS TA44 SAN RAMON DR. TILE DOWNS, ROBERT SIREE ADDRESS TA44 SAN RAMON DR. TILE DOWNS, ROBERT SIREE ADDRESS TA44 SAN RAMON DR. TILE DOWNS, ROBERT SIREE ADDRESS TA44 SAN RAMON DR. TILE DOWNS, ROBERT SIREE ADDRESS TA45 SAN RAMON DR. TILE DOWNS, ROBERT SIREE ADDRESS TA45 SAN RAMON DR. TILE DOWNS, ROBERT SIREE ADDRESS TA45 SAN RAMON DR. TILE DOWNS, ROBERT SIREE ADDRESS TA45 SAN RAMON DR. TILE DOWNS, ROBERT SIREE ADDRESS TA45 SAN RAMON DR. TILE DOWNS, ROBERT SIREE ADDRESS TA45 SAN RAMON DR. TILE DOWNS, ROBERT SIREE ADDRESS TA45 SAN RAMON DR. TILE DOWNS, ROBERT SIREE ADDRESS TA45 SAN RAMON DR. TILE DOWNS, ROBERT SIREE ADDRESS TA45 SAN RAMON DR. TILE DOWNS, ROBERT SIREE ADDRESS TA45 SAN RAMON DR. TILE DOWNS, ROBERT TILE DOWNS, ROBERT TILE DOWNS, ROBERT T	DELOATO	HE SHARON	,	I Name Sto	ephen Lam	5eth			
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	CITY-ST-ZIP MILTON, FL 32583 CITY-ST-ZIP	SIGNATURE _ 10. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printel name of registered agent a Filling Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR CUMMINGS, STEPHEN 7436 SAN RAMON DR. MILTON, FL 32583 S DELOATCHE, SHARON 7442 SAN RAMON DR. MILTON, FL 32583 D DOWNS, ROBERT 7404 SAN RAMON DR MILTON, FL 32583 T DELOATCHE, SHARON 7442 SAN RAMON DR MILTON, FL 32583 T DELOATCHE, SHARON 7442 SAN RAMON DR MILTON, FL 32583 P BARRON, JERRY 7425 SAN RAMON DRIVE MILTON, FL 32583 VP	9. Election Campain Trust Fund Control ECTORS Delete Delete Delete Delete	gn Financing ibution. 11. IIILE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE	\$5.00 May Be Added to Fees ADDITIONS/CHANGES ADDITIONS/CHANGES ADDITIONS/CHANGES Carter, W 43.87 Casa Milton, FL Milton, FL MILTON MILTON	Make check Florida Department of the Make Check	ck payable to artment of St DIRECTORS IN Change Change Change Change Change Change Change	ate 10 Addition Addition Addition	
	12. Liberaby 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	SIGNATURE _ 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Signature, typed or printel name of registered agent a Filling Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR D CUMMINGS, STEPHEN 7436 SAN RAMON DR. MILTON, FL 32583 S DELOATCHE, SHARON 7442 SAN RAMON DR. MILTON, FL 32583 D DOWNS, ROBERT 7404 SAN RAMON DR MILTON, FL 32583 T DELOATCHE, SHARON 7442 SAN RAMON DR MILTON, FL 32583 T DELOATCHE, SHARON 7442 SAN RAMON DR MILTON, FL 32583 P BARRON, JERRY 7425 SAN RAMON DRIVE MILTON, FL 32583 VP THOMPSON, JAMES 7378 SAN RAMON DR.	9. Election Campain Trust Fund Control ECTORS Delete Delete Delete Delete	gn Financing ibution. 11. IIILE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees ADDITIONS/CHANGES ADDITIONS/CHANGES ADDITIONS/CHANGES Carter, W 43.87 Casa Milton, FL Milton, FL MILTON MILTON	Make check Florida Department of the Make Check	ck payable to artment of St DIRECTORS IN Change Change Change Change Change Change Change	ate 10 Addition Addition Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 113, 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: 🗲

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Document Number

N99000004875

Business Entity Name

FIRST 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

Name (Last, First, Middle, Title)

SAWYER, RITA

Street Address

9 11TH ST

Division of Corporations

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City, State

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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