

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

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N47062 1. Entity Name GENEVA UNITED METHODIST CHURCH, INC.					
Principal Place of Business 270 FIRST STREET GENEVA FL 32732 US			Mailing Address P. O. BOX 980 GENEVA FL 32732 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2456861	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RUPE, JAMES 631 SCOTT ROAD GENEVA FL 32732				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 _____ DATE 03/22/06 000000465141 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when revolving)					
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	D	☐ Delete	TITLE	☐ Change	☐ Add
NAME	RUPE, JAMES		NAME		
STREET ADDRESS	631 SCOTT ROAD		STREET ADDRESS		
CITY-ST-ZIP	GENEVA FL 32732		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Add
NAME	BLALOCK, TREVA		NAME		
STREET ADDRESS	2090 PARKSHORE LANE		STREET ADDRESS		
CITY-ST-ZIP	GENEVA FL 32732		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Add
NAME	YARBOROUGH, IMOGENE		NAME		
STREET ADDRESS	PO BOX 65		STREET ADDRESS		
CITY-ST-ZIP	GENEVA FL 32732		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Add
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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, changed, or on an attachment with an address, with all other like empowered.