


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N49508		
1. Entity Name ST. PAUL'S UNITED METHODIST CHURCH OF ORANGE COUNTY, FLORIDA, INC.		
Principal Place of Business 4710 ADANSON ST ORLANDO, FL 32804 US	Mailing Address C/O ST. PAUL'S UNITED MEHTODIST CHURCH 4710 ADANSON ST. ORLANDO, FL 32804	



07032006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0951531	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PARKER, MILDRED E. 817 CAREW AVE. ORLANDO, FL 32804	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAY, HARRY 275 ORANGE TERRACE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRIGHT, CHRIS 6707 CRESCENT RIDGE ROAD ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STANFORD, DUANE 3019 CECELIA DRIVE APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PFC BERRY, JOHN L SR 403 HERMITAGE DRIVE ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LARSON, JOHN 4272 KENDRICK ROAD ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARKER, MILDRED E 817 CAREW AVENUE ORLANDO, FL 32804

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07/07/06-80013-005 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Mildred E. Parker *Mildred E. Parker* 7/5/06 (407) 647-3691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #