

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N49586**  
 1. Entity Name  
**TERRA CEIA UNITED METHODIST CHURCH INC.**



Principal Place of Business      Mailing Address  
**599 KAY HUBBARD ROAD**      **POB 141**  
**TERRA CEIA, FL 34250**      **TERRACEIA, FL 34250 US**

**DO NOT WRITE IN THIS SPACE**



01132008 No Chg-NP      CR2E037 (11/05)

4. FEI Number      Applied For  
**65-0346890**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LEVAN, ANITA**  
**6008-B 19 ST. WEST**  
**BRADENTON, FL 34207**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25**  
**Due by May 1, 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	D LAIS, ROBERT 5611 BAYSHORE ROAD, #11 PALMETTO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENT, LEWIS P.O. BOX 360 TERRA CEIA, FL 34250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVAN, ANITA 5008-B 19TH STREET WEST BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TILLET, VERA PO BOX 292 TERRA CEIA, FL 34250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/26/06-80116-005 61.25

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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: *Vera B. Tillet*      4-7-06      941-722-6745  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Citytime Phone #