


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90018 049 ****61.25

DOCUMENT # N50037 1. Entity Name SHINGLE CREEK UNITED METHODIST CHURCH, INC.					
Principal Place of Business 2420 OLD VINELAND RD KISSIMMEE, FL 34746			Mailing Address 2420 OLD VINELAND RD KISSIMMEE, FL 34746		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2380482	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WRIGHT, WILLIAM E 1617 HOPE ST INTERCESSION CITY, FL 33848			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <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, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CD <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WRIGHT, WILLIAM E		NAME	Craig Bracewell	
STREET ADDRESS	74 PICKERING DR		STREET ADDRESS	409 6th St.	
CITY-ST-ZIP	KISSIMMEE, FL 34746		CITY-ST-ZIP	Dundee, FL 33838	
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CREGGER, TOM		NAME	Betty Hall	
STREET ADDRESS	999 CHEROKEE DR		STREET ADDRESS	404 Score Lane	
CITY-ST-ZIP	KISSIMMEE, FL 34744		CITY-ST-ZIP	Kissimmee, FL 34759	
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HAYDEN, JOHN		NAME	Krystinia Hayden	
STREET ADDRESS	1419 OREGON AVE		STREET ADDRESS	1419 Oregon Ave	
CITY-ST-ZIP	SAINT CLOUD, FL 34769		CITY-ST-ZIP	Saint Cloud, FL 34769	
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MARTINEZ, ANNA		NAME	Edna Wright	
STREET ADDRESS	120 VERACRUZ AVE		STREET ADDRESS	1617 Hope Street	
CITY-ST-ZIP	KISSIMMEE, FL 34743		CITY-ST-ZIP	Intercession City, FL 33848	
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MOFFET, ANDY		NAME	Donna Cregger	
STREET ADDRESS	1653 CHARITY		STREET ADDRESS	999 Cherokee Drive	
CITY-ST-ZIP	INTERCESSION CITY, FL 33848		CITY-ST-ZIP	Kissimmee, FL 34744	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COUGHENOUR, MARK		NAME		
STREET ADDRESS	2421 EAST ROBLE		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE, FL 34746		CITY-ST-ZIP		
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: <i>William Wright Jr</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>3/14/06</i> <small>Date</small>		
			Daytime Phone # _____ <small>Daytime Phone #</small>		