


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90188 007 ****61.25

DOCUMENT # N51132							
1. Entity Name FIRST UNITED METHODIST CHURCH OF TAVARES, FLORIDA, INC.							
Principal Place of Business 600 W. LANTHE STREFT TAVARES, FL 32778 US			Mailing Address PO BOX 1086 TAVARES, FL 32778				
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 59-0861877			
				Applied For Not Applicable			
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				
JONES, DENMAN 600 W. IANTHE ST. TAVARES, FL 32778			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
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	C	<input checked="" type="checkbox"/> Delete	TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BRACKETT, JERRY		NAME	Boggus, Robert			
STREET ADDRESS	1133 PARK AVE.		STREET ADDRESS	32009 Harris Rd			
CITY-ST-ZIP	TAVARES, FL 32778		CITY-ST-ZIP	Tavares, FL 32778			
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BANE, DONALD		NAME	Raczkowski, Ray			
STREET ADDRESS	36816 SUNDANCE DR		STREET ADDRESS	P.O. Box 47			
CITY-ST-ZIP	GRAND ISLAND, FL 32735		CITY-ST-ZIP	Astatula, FL 34705			
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	COVEN, LOUISE		NAME	Stinson, Paula			
STREET ADDRESS	P.O. BOX 733		STREET ADDRESS	P.O. Box 673			
CITY-ST-ZIP	TAVARES, FL 32778		CITY-ST-ZIP	Tavares, FL 32778			
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MOULTON, RICHARD		NAME	Goodenough, Robert			
STREET ADDRESS	1750 N NEW HAMPSHIRE AVE.		STREET ADDRESS	434 Peace Rd			
CITY-ST-ZIP	TAVARES, FL 32778		CITY-ST-ZIP	Tavares, FL 32778			
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DOBBS, DICK		NAME	Carter, Alan			
STREET ADDRESS	6234 SAILBOAT AVE.		STREET ADDRESS	33637 Lakeshore Dr			
CITY-ST-ZIP	TAVARES, FL 32778		CITY-ST-ZIP	Tavares, FL 32778			
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CLUTTS, NANCY		NAME	Hoffman, Rhonda			
STREET ADDRESS	926 LAKE ELSIE DR.		STREET ADDRESS	26647 CR 561			
CITY-ST-ZIP	TAVARES, FL 32778		CITY-ST-ZIP	Tavares, FL 32778			
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: <u>Robert J. Boggus</u>			Date: <u>4/9/06</u>		Daytime Phone #: <u>(352) 406-7089</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #		