



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90112 050 \*\*\*\*61.25

<b>DOCUMENT # N92000000769</b> 1. Entity Name <b>THE NOCATEE UNITED METHODIST CHURCH, INC.</b>					
Principal Place of Business <b>P.O. BOX 393 NOCATEE, FL 34268 US</b>			Mailing Address <b>P.O. BOX 393 NOCATEE, FL 34268 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		01272007 Chg-NP CR2E037 (12/06)	
Zip Country		Zip Country		4. FEI Number <b>65-0393818</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>PITTS, FRANCIS 2470 SW CHARLOTTE ST 2708 SE NORMAN AVE ARCADIA, FL 34266</b>			7. Name and Address of New Registered Agent Name <b>FRANCIS PITTS</b> Street Address (P.O. Box Number is Not Acceptable) <b>628 W. EFFIE ST.</b> City <b>ARCADIA</b> FL Zip Code <b>34266</b>		
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 renewing) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PITTS, FRANCIS 2708 SE NORMAN AVE ARCADIA, FL 34266	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PITTS FRANCIS 628 W. EFFIE ST ARCADIA FL 34266	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LOFLIN, RONALD 720 PARKVIEW RD ARCADIA, FL 34266	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KINNAMAN, SHARON 2978 SE CREEKWOOD TERRACE ARCADIA, FL 34266	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MARRY, BETTY 5001 SE AIRPORT RD ARCADIA, FL 34266	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T AL WIEUS 2692 N.E. HWY 70 #11 ARCADIA FL 34266	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	LL/S PITTS, NANCY 2708 SE NORMAN AVE ARCADIA, FL 34266	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	LL/S PITTS NANCY 628 W. EFFIE ST ARCADIA FL 34266	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Ronald Loflin</u> <u>RONALD LOFLIN</u> 1-28-07 863-491-0367 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					