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

Mar 23, 2006 8:00 am Secretary of State DOCUMENT # N93000000749 03-23-2006 90015 009 ****61.25 CHRIST UNITED METHODIST CHURCH OF LEESBURG, Principal Place of Business Mailing Address ~~~~ 1313 GRIFFIN ROAD 1313 GRIFFIN ROAD LEESBURG, FL 34748 LEESBURG, FL 34748 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-1417570 City & State Applied For City & State Not Applicable -Zip ----Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MEADOWS, SARAH 1313 GRIFFIN ROAD Street Address (P.O. Box Number is Not Acceptable) LEESBURG, FL 34748 City 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, typied or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 Make check payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. XIX Delete XIX Change Addition TITLE TITLE Mike Holt SATTERWAITE, JIM NAME NAME 2272 Lake Pointe Circle STREET ADDRESS 106 STERLING WAY STREET ADDRESS LEESBURG, FL 34788 CITY-ST-ZIP Leesburg, FL 34748 CITY-ST-ZIP XIXI Delete XX Change ☐ Addition David Bridges YOUNG, ISABEL NAME NAME STREET ADDRESS 2601 WOODSIDE DRIVE STREET ADDRESS 01318 Spring Lake Rd. CITY-ST-ZIP LEESBURG, FL 34748 CITY - ST - ZIP Fruitland Park. FL XX Xxelete ■ Addition TITLE TITLE STEEN, WAYNE Bill Tasker NAME NAME STREET ADDRESS 109 TROPICAL STREET ADDRESS 4840 St. Andrews Arc CITY-ST-ZIP LEESBURG, FL 34748 CITY-ST-ZIP Leesburg, FL 34748 ☐ Delete TITLE Change ☐ Addition HOLT, JIMMIE NAME NAME STREET ADDRESS 2272 LAKE POINTE CIR STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP LEESBURG, FL 34748 Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defeta TITLE Change ☐ Addition NAME ... NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

SIGNATURE: Mike Holt MAR NTED NAME OF SIGNING OFFICER OR DIRECTOR