

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90069 049 ****61.25

DOCUMENT # N93000000959

1. Entity Name

**FIRST UNITED METHODIST CHURCH OF GULFPORT,
FLORIDA, INC.**



Principal Place of Business

**2728 - 53RD STREET SOUTH
GULFPORT FL 33707**

Mailing Address

**2728 - 53RD STREET SOUTH
GULFPORT FL 33707**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1233420

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TAG, DOUG
1907 56TH ST S.
GULFPORT FL 33707**

Name

Peacock, Thomas

Street Address (P.O. Box Number is Not Acceptable)

5155 10th Ave. No.

City

St. Petersburg

FL

Zip Code

33710

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 **Thomas Peacock Chairman**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

Feb. 5th, 2006

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 **D** ☐ Delete
NAME **BURCHAM, GEORGE JR.**
STREET ADDRESS **4685 15TH AVE S.**
CITY-ST-ZIP **SAINT PETERSBURG FL 33711**

TITLE **D** ☐ Change ☒ Addition
NAME **Amandola, Louis**
STREET ADDRESS **2701 45th St. So.**
CITY-ST-ZIP **Gulfport, FL 33711**

TITLE **VC/D** ☐ Delete
NAME **COLLINS, RITA**
STREET ADDRESS **5837 TANGERINE AVE SOUTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33707**

TITLE **D** ☐ Change ☒ Addition
NAME **Witt, Lillian**
STREET ADDRESS **5840 30th Ave. So #210**
CITY-ST-ZIP **Gulfport, FL 33707**

TITLE **D** ☒ Delete
NAME **MCBAY, SHERRY**
STREET ADDRESS **1918 58TH ST S.**
CITY-ST-ZIP **SAINT PETERSBURG FL 33707**

TITLE **D** ☐ Change ☐ Addition
NAME **Richard Jones**
STREET ADDRESS **5718 18th Sve So**
CITY-ST-ZIP **Gulfport, FL 33707**

TITLE **D/C** ☒ Delete
NAME **TAG, DON**
STREET ADDRESS **1907 56TH ST. S.**
CITY-ST-ZIP **GULF PORT FL 33707**

TITLE **D** ☐ Change ☒ Addition
NAME **Todd Seales**
STREET ADDRESS **3743 Dartmouth Ave No**
CITY-ST-ZIP **St. Petersburg, FL. 33713**

TITLE **D** ☐ Delete
NAME **SLICKER, CATHERINE**
STREET ADDRESS **5521 28TH AVE S.**
CITY-ST-ZIP **SAINT PETERSBURG FL 33707**

TITLE **D** ☐ Change ☐ Addition
NAME **PEACOCK, THOMAS**
STREET ADDRESS **5155 10TH AVE N.**
CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

TITLE **D/C** ☐ Delete
NAME **PEACOCK, THOMAS**
STREET ADDRESS **5155 10TH AVE N.**
CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **X [Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/06

Date

727-321-3620

Daytime Phone #