2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000002035

FILED Mar 13, 2006 8:00 am Secretary of State

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TRINITY FLORIDA	UNITED METHODIST CH	URCH OF ARCADIA								
Principal Plac 304 WEST O ARCADIA, FL		Mailing Address 304 WEST OAK STREET ARCADIA, FL 34266) 	400c	1944 BEN 88118	l Hådd bolled hjol a	[B hai d a [ad]
Principal Place of Business 3.		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01192006	Chg-NP	CR2E	037 (11/05)	
City & State		City & State				4. FEI Number				
Zip	Country	Zip	Cou	ntry		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Curren	t Registered Agent				7. Name and	Address of New	Registere	d Agent	
	I, SUSAN MANLEY RD FL 34266		÷	Name B Street Add	dress (P	O. Box Numbe	Ru T) Die) Nanh	s 57	
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8. The above	e named entity submits this statement tions of registered agent.	for the purpose of changing its	registere	ed office or re	egistere	<i>O &</i> d agent, or both	n, in the State of I	_	- i // /	and accept
SIGNATURE	Auth L Base Signature, typed or printed name of registered ager	ni explicable. (NOTE	: Registered	d Agent signature	required w	then reinstating)		3/2 DATE	106	
			Campaign Financing d Contribution.			\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
10.		Trust Fund C			<i>ر</i> ل	Added to Fees		orida Dep	artment of S	tate
10. TITLE	Due by May 1, 2006	Trust Fund C	ontributi	on.	ب لـ ۱۸	Added to Fees	Fid	orida Dep	artment of S	tate
	Due by May 1, 2006 OFFICERS AND D	Trust Fund C	Ontributi	on. [AI P	Added to Fees	FIGES TO OFFIC	orida Dep	artment of S	tate N 10
TITLE NAME STREET ADDRESS	OFFICERS AND D P LAUGHMAN, SUSAN 1378 NE MANLEY RD	Trust Fund C	11. TITLE	on. [AI P	Added to Fees DDITIONS/CHA	FIGES TO OFFICE	DERS AND I	artment of S	tate N 10
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12. I hereby certify that the information supplied with this tiling does not qualify for the exemptions contained in the left 19. Florida Statutes. 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: Aut & Barney Puth & Barney 3/1/06 863 494 32/6