

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

05-22-2006 90046 047 ***61.25
N93000003079

DOCUMENT # N93000003079					
1. Entity Name FIRST UNITED METHODIST CHURCH OF HAINES CITY, FLA., INC.					
Principal Place of Business 21 S. SECOND ST. HAINES CITY, FL 33844			Mailing Address 21 S. SECOND ST. HAINES CITY, FL 33844		
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 59-1573252	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JENKS, RICHARD 21 SOUTH 2ND STREET HAINES CITY, FL 33844			7. Name and Address of New Registered Agent Name: <u>Jenks, Richard</u> Street Address (P.O. Box Number is Not Acceptable): <u>21 S. 2nd St</u> City: <u>Haines City</u> FL Zip Code: <u>33844</u>		
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: Signature, typed or printed name of registered agent and title if applicable.			DATE: <u>5-8-06</u> (NOTE: Registered Agent signature required when retreating)		
Filing Fee is \$61.25 Due by September 6, 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 NAME STREET ADDRESS CITY-ST-ZIP	T CORYER, CONNIE 208 E. CYPRESS STREET DAVENPORT, FL 33844		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Honick Darrel 1921 Baker Ave Haines City, FL 33844	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEWART, CHARLES 1851 PENINSULAR DR. HAINES CITY, FL 33844		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Wallace James 6624 Westchester Dr Winter Haven FL 33881	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FLOWERS, MERCEDES 706 CHURCH AVE. HAINES CITY, FL 33844		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Wilson Daniel 212 Geneva Dr Winter Haven, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOCH, ART P.O. BOX 472 HAINES CITY, FL 33844		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Charles Williams 215 1st Street South Haines City, FL 33844	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEAL, GEGORY 312 W. GRAHAM PARK DRIVE HAINES CITY, FL 33844		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Signature]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEED, JULIE 1701 COMMERCE AVE., LOT 63 HAINES CITY, FL 33844		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Signature]	
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>Charles Williams</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE: <u>5-8-06</u> <u>863-422-1758</u> Daytime Phone #		

Charles Williams

FILED
06 JUN 23 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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