

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

**FILED**

**Jan 19, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # N93000003943**

**1. Entity Name  
NEW HARMONY UNITED METHODIST CHURCH INC.**



**Principal Place of Business**

**P.O. BOX 1327  
LIVE OAK, FL 32064**

**Mailing Address**

**P.O. BOX 1327  
LIVE OAK, FL 32064**



01162006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
59-2598275**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**AIRTH, HAL A  
112 W HOWARD ST  
LIVE OAK, FL 32064**

**DO NOT WRITE  
IN THIS SPACE**

**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.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**Filing Fee is \$61.25  
Due by May 1, 2006**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE D  
NAME ANDERS, NORMAN  
STREET ADDRESS 13076 217TH RD  
CITY-ST-ZIP LIVE OAK, FL**

**TITLE D  
NAME CLAY, OZETA  
STREET ADDRESS 15496 N CR 349  
CITY-ST-ZIP LIVE OAK, FL**

**TITLE D  
NAME CRUZAN, BRUCE  
STREET ADDRESS 15820 N CR 349  
CITY-ST-ZIP LIVE OAK, FL**

**TITLE D  
NAME HOWARD, TAYLOR  
STREET ADDRESS 15229 SR 51  
CITY-ST-ZIP LIVE OAK, FL**

**TITLE D  
NAME WEBBER, ROY  
STREET ADDRESS 1327 DEMETREE ST  
CITY-ST-ZIP LIVE OAK, FL 32060**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

U000000391184  
01/24/06-80032-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

**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:**

*Norman Anders*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-18-06*

*386-362-1113*

Date

Daytime Phone #