

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003943

FILED
Jan 15, 2007
Secretary of State

Entity Name: NEW HARMONY UNITED METHODIST CHURCH INC.

Current Principal Place of Business:

P.O. BOX 1327
LIVE OAK, FL 32064

New Principal Place of Business:

19983 160TH STREET
LIVE OAK, FL 32060

Current Mailing Address:

P.O. BOX 1327
LIVE OAK, FL 32064

New Mailing Address:

FEI Number: 59-2598275 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ANDERS, NORMAN
Address: 13076 217TH RD
City-St-Zip: LIVE OAK, FL

Title: D () Delete
Name: CLAY, OZETA
Address: 15496 N CR 349
City-St-Zip: LIVE OAK, FL

Title: D () Delete
Name: CRUZAN, BRUCE
Address: 15820 N CR 349
City-St-Zip: LIVE OAK, FL

Title: D () Delete
Name: HOWARD, TAYLOR
Address: 15229 SR 51
City-St-Zip: LIVE OAK, FL

Title: D () Delete
Name: WEBBER, ROY
Address: 1327 DEMETREE ST
City-St-Zip: LIVE OAK, FL 32060

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CLAY, MARSHALL
Address: 15496 N CR 349
City-St-Zip: LIVE OAK, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: NOTT, SHIRLEY
Address: 20310 136TH STREET
City-St-Zip: LIVE OAK, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN ANDERS

D

01/15/2007

Electronic Signature of Signing Officer or Director

Date