

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000411

FILED  
May 01, 2006  
Secretary of State

**Entity Name:** SAINT PAUL'S UNITED METHODIST CHURCH OF TALLAHASSEE, INC.

**Current Principal Place of Business:**

1700 N. MERIDIAN ROAD  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

1700 N. MERIDIAN ROAD  
TALLAHASSEE, FL 32303

**New Mailing Address:**

**FEI Number:** 59-3261245      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GUYTON, CHARLIE  
2605 MARSTON RD  
TALLAHASSEE, FL 32308      US

**Name and Address of New Registered Agent:**

PIERCE, WADE  
3139 JAMEY RD.  
TALLAHASSEE, FL 32303      US

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: WADE PIERCE

05/01/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: HARRISON, RAGAN  
Address: 3513 BANKHEAD RD.  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D      ( ) Delete  
Name: KENYON, RALPH  
Address: 2221 BEECH DR.  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP      ( ) Delete  
Name: EVANS, BUD  
Address: 1390 SILVERMOON DR.  
City-St-Zip: TALLAHASSEE, FL 32312

Title: S      ( ) Delete  
Name: FUSSELL, KAY  
Address: 3505 SHARER RD  
City-St-Zip: TALLAHASSEE, FL 23212

Title: D      ( ) Delete  
Name: FIELD, JUDY  
Address: 4527 MAYLOR RD  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D      ( ) Delete  
Name: CROFT, BUDDY  
Address: 3657 LETITIA LANE  
City-St-Zip: TALLAHASSEE, FL 32312

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: V      (X) Change ( ) Addition  
Name: KLINE, KEVIN  
Address: 784 EAGLE VIEW DR  
City-St-Zip: TALLAHASSEE, FL 32311

Title: D      (X) Change ( ) Addition  
Name: EVANS, BUD  
Address: 1390 SILVERMOON DR.  
City-St-Zip: TALLAHASSEE, FL 32312

Title: S      (X) Change ( ) Addition  
Name: SHACKELFORD, CAROLYN  
Address: 5128 ILE DE FRANCE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D      (X) Change ( ) Addition  
Name: COMBS, KATHY  
Address: 744 LITCHFIELD RD  
City-St-Zip: TALLAHASSEE, FL 32312

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

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: WADE PIERCE

P

05/01/2006

Electronic Signature of Signing Officer or Director

Date