
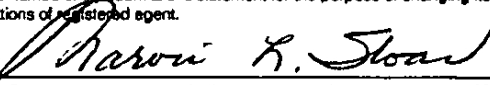
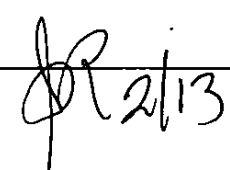
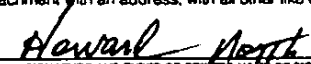


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

02-09-2006 90033 002 ****61.00
N9400000873

DOCUMENT # N9400000873			
1. Entity Name THE FIRST UNITED METHODIST CHURCH OF CALLAHAN, INC.			
Principal Place of Business 449648 US HWY 301 CALLAHAN, FL 32011		Mailing Address PO BOX 157 CALLAHAN, FL 32011 US	
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 59-3262968		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GURLEY, HOYT 35559 GLORY RD CALLAHAN, FL 32011-0157		Name SLOAN, MARVIN Street Address (P.O. Box Number is Not Acceptable) 55372 COOK DR. City CALLAHAN FL Zip Code 32011	
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: 		DATE	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, DOROTHY 45163 MICKELER ST CALLAHAN, FL 32011 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARST, JOHN 54242 SHEFFIELD ROAD CALLAHAN FL. 32011 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SLOAN, MARVIN 55372 COOK DR CALLAHAN, FL 320110157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HASKETT, DAVID S 33275 WOODS LN/ POB 1056 CALLAHAN, FL 32011 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDY, RITA 35236 NANCY ROAD CALLAHAN, FL 32011 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TANNER, BERTIE 45434 CIRCLE DR CALLAHAN, FL 32011 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 2/13 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NORTH, HOWARD 43365 FREEDOM DR CALLAHAN, FL 32011 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARVER, GARY 46174 MIDDLE ROAD CALLAHAN, FL. 32011 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASS, KEN 43663 RATLIFF RD CALLAHAN, FL 32011 <input checked="" type="checkbox"/> Delete		
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: 		Date: 1/16/06 Daytime Phone #: 904-879-1314	

FILED
06 FEB 13 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01162006 Chg-NP CR2E037 (11/05)

ATTACHMENT 40011499

#N9400000873

59-3262968

D

HIGGINBOTHAM, PATRICIA

34220 HONEY BEE LANE

CALLAHAN, FL. 32011

D

TUCKER, JACK

541872 LEM TURNER ROAD

CALLAHAN, FL. 32011

D

KRAMER, DAVE

541300 U.S. HIGHWAY 1

CALLAHAN, FL. 32011