


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90018 042 ****61.25

DOCUMENT # N94000000873					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3262968	
Zip		Country		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		
SLOAN, MARVIN 55372 COOK DR CALLAHAN FL 32011			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOIC Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete			TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KARST, JOHN			NAME	BLAISE, JOHN
STREET ADDRESS	54242 SHEFFIELD ROAD			STREET ADDRESS	44017 GREE MEADOWS LANE
CITY - ST - ZIP	CALLAHAN FL 32011			CITY - ST - ZIP	CALLAHAN, FL. 32011
TITLE	P <input type="checkbox"/> Delete			TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SLOAN, MARVIN			NAME	HIGGINBOTHAM, PATRICIA
STREET ADDRESS	55372 COOK DR			STREET ADDRESS	34220 HONEY BEE LANE
CITY - ST - ZIP	CALLAHAN FL 32011-0157			CITY - ST - ZIP	CALLAHAN, FL. 32011
TITLE	D <input checked="" type="checkbox"/> Delete			TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARDY, RITA			NAME	TUCKER, JACK
STREET ADDRESS	35236 NANCY ROAD			STREET ADDRESS	541872 LEM TURNER ROAD
CITY - ST - ZIP	CALLAHAN FL 32011			CITY - ST - ZIP	CALLAHAN, FL. 32011
TITLE	D <input type="checkbox"/> Delete			TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TANNER, BERTIE			NAME	KRAMER DAVE
STREET ADDRESS	45434 CIRCLE DR			STREET ADDRESS	541300 U.S. Highway 1
CITY - ST - ZIP	CALLAHAN FL 32011			CITY - ST - ZIP	CALLAHAN, FL. 32011
TITLE	T <input type="checkbox"/> Delete			TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORTH, HOWARD			NAME	REYNOLDS, BETH
STREET ADDRESS	43365 FREEDOM DR			STREET ADDRESS	54289 VONTZ CIRCLE
CITY - ST - ZIP	CALLAHAN FL 32011			CITY - ST - ZIP	CALLAHAN, FL. 32011
TITLE	D <input type="checkbox"/> Delete			TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARVER, GARY			NAME	BANKS, TUNNIS
STREET ADDRESS	46174 MIDDLE ROAD			STREET ADDRESS	35592 QUAIL ROAD
CITY - ST - ZIP	CALLAHAN FL 32011			CITY - ST - ZIP	CALLAHAN, FL 32011



1st MOORE CR2E037 (10/06)

4. FEI Number **59-3262968** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Howard North **HOWARD NORTH** 3/15/07 904-879-1314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayman Phone #