

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002244

FILED
Feb 09, 2006
Secretary of State

Entity Name: FIRST UNITED METHODIST CHURCH OF PACE, INC.

Current Principal Place of Business:

4540 CHUMUCKLA HWY
PACE, FL 32571

New Principal Place of Business:

4540 CHUMUCKLA HWY
PACE, FL 32571 US

Current Mailing Address:

4540 CHUMUCKLA HWY
PACE, FL 32571

New Mailing Address:

4540 CHUMUCKLA HWY
PACE, FL 32571 US

FEI Number: 59-6561232

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBB, JOHN F
4540 CHUMUCKLA HWY
PACE, FL 32571 US

Name and Address of New Registered Agent:

WEBB, JOHN F REV
4540 CHUMUCKLA HWY
PACE, FL 32571 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: REV JOHN F WEBB

02/09/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: ROBERTS, ROY
Address: 9157 STILLBRIDGE LN.
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: COOK, DAVID
Address: 4754 CHUMUCKLA HWY
City-St-Zip: PACE, FL 32571

Title: D () Delete
Name: BRANDT, SHARON
Address: 4829 ALEFF ROAD
City-St-Zip: MILTON, FL 32571

Title: D () Delete
Name: SHARP, KEN
Address: 3437 ASHMORE LN.
City-St-Zip: PACE, FL 32571

Title: D () Delete
Name: HARTSFIELD, AMY
Address: 5254 JOANNA PLACE
City-St-Zip: PACE, FL 32571

Title: D () Delete
Name: CRIBBS, LARRY
Address: 5965 WYNDI WAY
City-St-Zip: MILTON, FL 32571

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ROBERTS, ROY G
Address: 9157 STILLBRIDGE LN.
City-St-Zip: PENSACOLA, FL 32514 US

Title: D (X) Change () Addition
Name: COOK, DAVID
Address: 4754 CHUMUCKLA HWY
City-St-Zip: PACE, FL 32571 US

Title: D (X) Change () Addition
Name: BRANDT, SHARON
Address: 4829 ALEFF ROAD
City-St-Zip: MILTON, FL 32571 US

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

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

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: ROY G ROBERTS

D

02/09/2006

Electronic Signature of Signing Officer or Director

Date