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

FILED DOCUMENT # N95000000604 Jan 29, 2007 08:00 AM 1. Entity Name **Secretary of State** CHRIST UNITED METHODIST CHURCH OF HOLLY HILL. INC. Principal Place of Business Mailing Address 962 DERBYSHIRE RD. HOLLY HILL FL 32117 962 DERBYSHIRE RD. HOLLY HILL FL 32117 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E037 (10/06) City & State City & State Applied For 4. FEI Number 59-2008234 Not Applicable Zìp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOEHM, J R Street Address (P.O. Box Number is Not Acceptable) 435 S. RIDGEWOOD AVE. SUITE 200 DAYTONA BEACH FL 32122 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ШЕ ☐ Delete TITLE ☐ Change Addition NAME CASE, BILL NAME STREET ADDRESS U00000610879 STREET ADDRESS 1561 CULVERHOUSE DR. 02/02/07-80038-017 61.25 CITY-ST-7IP CITY-ST-ZIP HOLLY HILL FL 32117 TITLE ☐ Delete DV TITLE Change Addition PHILLIPS, JANICE NAME STREET ADDRESS 62 BROADMOOR CIRCLE STREET ADDRESS CITY+ST-ZIP ORMOND BEACH FL 32174 CITY-S1-ZIP HILLE ☐ Delete THIC Change ☐ Addition DST NAME NAME BARBER, JANE STREET ADDRESS STREET ADDRESS 355 GOLF BLVD CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32118 THILE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP mu: ☐ Change Delete TITLE ☐ Addilion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP

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 eath; 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.

Jan. 25, 2007

CICHE (JANE BARBER

SIGNATURE: