## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000003349

FILED Apr 17, 2006 Secretary of State

Entity Name: FELLOWSHIP UNITED METHODIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

975 MALABAR ROAD NW PALM BAY, FL 32907 US

Current Mailing Address: New Mailing Address:

PO BOX 110307

PALM BAY, FL 329110307 US

FEI Number: 59-3307664 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

DOMBKOWSKI, HEATHER WILDIE, EDWIN

191 FELDMAN ST 542 COMMODORE ST NW PALM BAY, FL 32909 US PALM BAY, FL 32907 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: EDWIN WILDIE 04/17/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 TR
 ( ) Delete
 Title:
 TR
 (X) Change ( ) Addition

 Name:
 DOMBKOWSKI, PETE
 Name:
 GOODMAN, LOUIS REV.

 Address:
 191 FELDMAN ST
 Address:
 913 PYRACANTHIA ST NW

 City-St-Zip:
 PALM BAY, FL 32909
 City-St-Zip:
 PALM BAY, FL 32907

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BASCOMBE, JOYCE
 Name:

 Address:
 1566 ALBERNI ST NW
 Address:

 City-St-Zip:
 PALM BAY, FL 32907
 City-St-Zip:

 Name:
 HEICK, DREW
 Name:
 MACFADYEN, DAVID

 Address:
 1081 IVANHOE ST NW
 Address:
 217 TAUNTON RD SW

 City-St-Zip:
 PALM BAY, FL 32907
 City-St-Zip:
 PALM BAY, FL 32908

Title: TR ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 CULP, CHRISSY
 Name:
 FAY, DARLENE

 Address:
 896 SEVEN GABLES CIR SE
 Address:
 941 CUSTER ST NW

 City-St-Zip:
 PALM BAY, FL 32509
 City-St-Zip:
 PALM BAY, FL 3E2907

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 DARLENE, FAY
 Name:

 Address:
 941 CUSTER ST NW
 Address:

 City-St-Zip:
 PALM BAY, FL 32907
 City-St-Zip:

Title: TR (X) Delete Title: ( ) Change ( ) Addition

 Name:
 WILDE, ED
 Name:

 Address:
 542 COMMODORE ST NW
 Address:

 City-St-Zip:
 PALM BAY, FL 32307
 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: EDWIN WILDIE D 04/17/2006