

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

06 FEB 24 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01262006 Chg-NP CR2E037 (11/05)

DOCUMENT # N96000000375 1. Entity Name WACISSA UNITED METHODIST CHURCH, INC.					
Principal Place of Business POST OFFICE BOX 411 WACISSA, FL 32361			Mailing Address POST OFFICE BOX 411 WACISSA, FL 32361		
2. Principal Place of Business 14492 Waukeelah Hwy		3. Mailing Address Suite, Apt. #, etc.			
City & State Wacissa, FL		City & State		4. FEI Number 59-2926850	
Zip 32361		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALKER, BUTLER RT 3 BOX 58 N/A MONTICELLO, FL 32344			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 201 Tom John Road City Monticello FL Zip Code 32344		
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 <u>X</u> 300074509573 05/12/06--01014--004 **70.00 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SNIPES, GARY P O BOX 366 N/A WACISSA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1082 Tram Road Wacissa, FL 32361	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WALKER, BUTLER RT 3 BOX 58 N/A MONTICELLO, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 201 Tom John Road Monticello, FL 32344	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MALOY, BETSY 380 HENRY STREET MONTICELLO, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 550 S. Waukeelah St. Monticello, FL 32344	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOLAND, BARBARA RT 1 BOX 82-B N/A LAMONT, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 208 William Floyd Rd. Lament, FL 32336	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T Dana Greene 13190 Waukeelah Road Monticello, FL 32344	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Barbara M. Boland</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			05/24/06 850.487.9236 <small>Date Daytime Phone #</small>		