

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000003952					
1. Entity Name PIERSON UNITED METHODIST CHURCH, INC.					
Principal Place of Business 136 W 2ND ST PIERSON FL 32180			Mailing Address P O BOX 38 PIERSON FL 32180 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2173440	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOEHM, J RICHARD 435 SO RIDGEWOOD AVE DAYTONA BEACH FL 32122			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reappointing)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RODRIGUEZ, WILLIAM D 136 W 2ND ST PIERSON FL	☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTIN, JOHN W SR 136 W 2ND ST PIERSON FL 32180	☐ Delete	☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BULLARD, THOMAS H 136 W 2ND ST PIERSON FL	☐ Delete	☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOWELL, JIMMIE 136 W 2ND ST PIERSON FL 32180	☐ Delete	☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAGSTROM, LOU ELLEN 225 E TURNER ROAD PIERSON FL 32180	☐ Delete	☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	☐ Change ☐ Add		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 219, 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: *Richard Hagstrom* - RICHARD HAGSTROM - Treasurer