

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 28, 2006
Secretary of State**

DOCUMENT# N97000002281

Entity Name: CANAL POINT UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

37050 2ND STREET
CANAL POINT, FL 33438

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 326
CANAL POINT, FL 33438

New Mailing Address:

FEI Number: 59-2361524 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEARS, THOMAS W
37030 2ND STREET
CANAL POINT, FL 33438 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MAXWELL, ROBERT C
Address: 12660 EVERGLADES AVE
City-St-Zip: CANAL POINT, FL 33438

Title: DS () Delete
Name: WAGNER, DENNIS E
Address: 37028 3RD STREET
City-St-Zip: CANAL POINT, FL 33438

Title: T () Delete
Name: THIGPEN, ANN J
Address: 36871 4TH STREET
City-St-Zip: CANAL POINT, FL 33438

Title: P () Delete
Name: SEARS, THOMAS W
Address: 37030 2ND STREET
City-St-Zip: CANAL POINT, FL 33438

Title: V () Delete
Name: ADAMS, FRANCES E
Address: 709 NE 3RD STREET
City-St-Zip: BELLE GLADE, FL 33430

Title: D () Delete
Name: MILITA, CAROLYN M
Address: 36910 3RD STREET
City-St-Zip: CANAL POINT, FL 33438

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ANN J. THIGPEN

T

04/28/2006

Electronic Signature of Signing Officer or Director

Date