2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000002632

1. Entity Name
FIRST UNITED METHODIST CHURCH OF ZOLFO



FILED Mar 17, 2006 8:00 am Secretary of State

03-17-2006 90141 040 ****61.25

SPRINGS		77 07 2021 0						
P O BOX 324 P O		Mailing Address P O BOX 324 ZOLFO SPRINGS, FL 3380	90					
2. Principal Place of Business		3. Mailing Address		7 100 10 1011 10				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01132006 Chg-NP CR2E037 (11/05)				
City & State		City & State		4. FEI Number Applied For 59-2253066 Not Applicable				
Zip k	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required				
4	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent				
BURTON,	JOHN W		Name	Name				
501 W MAIN ST WAUCHULA, FL			Street Addr	s (P.O. Box Number is Not Acceptable)				
	\mathbf{r}_i		City	FL Zip Code				
8. The above the obligati	named entity submits this statement for ions of registered agent.	r the purpose of changing its rec	gistered office or req	gistered agent, or both, in the State of Florida. I am familiar with, and accept				
2.4								
SIGNATURE .	Signature, lyped or printed barre of registered agent a	and title if engline tile (NOTE: Se	anichaead Anant evennhura in	moured who (motivities)				
Signeture, typed or printed pages or registered agent and take if applicable (NOTE: Registered Agent signeture required when reinstating) DATE								
Filing Fee is \$61.25 9. Election Campaign Financing Due by May 1, 2006 9. Election Campaign Financing Added to Fees Added to Fees Florida Department of State								
10.	OFFICERS AND DIF			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE ""	DP *** BALLARD, LELAND	Delete	TITLE D	Hodge, Sill Change Addition				
STREET ADDRESS			STREET ADDRESS	MER SUMMER KD				
CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890		CITY-SI-ZIP	WAUCHULA, FL. 33873				
TITLE NAME	DST BUCHANAN, DARLENE	☐ Delete	Title D	BALLARD, LELAND Change Addition				
STREET ADDRESS	7744 BROOK BLVD		NAME STREET ADDRESS	Hox #out				
CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890		CITY-ST-ZIP	Zolfo SPRINGS, \$4 33890				
TITLE	D Spoure Cauppa	☐ Delete	TITLE	☐ Change ☐ Addition				
NAME STREET ADDRESS	BROWN, SANDRA 1143 MOFFITT RD		NAME STREET ADDRESS					
CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890	•	CITY-SI-ZIP					
TITLE ~	D	☐ Delete	TITLE -	☐ Change ☐ Addition				
NAME CIDITI ADDOCCC	HALL, EARLINE		NAME					
STREET ADDRESS CITY-ST-ZIP	5003 SWEETWATER RD ZOLFO SPRINGS, FL 33890		STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition				
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
NAME		☐ Delete ~	TITLE NAME	☐ Change ☐ Addition				
STREET ADDRESS	+ 1 · . (.		STREET ADDRESS					
CFTY-ST-ZIP	15 (E)		CITY-ST-ZIP					
12. I hereby o	certify that the information supplied with	this filing does not qualify for th	e exemptions costs	ained in Chanter 119. Florida Statutes I further contity that the information				

1. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119. Honda 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: Darline Buchanan DARCE	NE BUCHANAN	3/13/2006	- 863-735-238s
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #	