

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

DOCUMENT # N970J0902766

1. Entity Name

TUSTENUGGEE UNITED METHODIST CHURCH, INC.



Principal Place of Business

1717 SW MCCLINTON RD
FT. WHITE FL 32038

Mailing Address

PO BOX 773
FORT WHITE FL 32038-0773

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2364879

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YOUNG, FREDERICK A
425 SE STARDUST PLACE
LAKE CITY FL 32024

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 6, 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 D ☐ Delete
NAME BUSSEY, GARY S
STREET ADDRESS 532 SW BUSSEY GLN
CITY-ST-ZIP FT WHITE FL 32038

TITLE D ☐ Delete
NAME MOSELEY, HARRY
STREET ADDRESS PO BOX 1321
CITY-ST-ZIP FT WHITE FL 32038

TITLE D ☐ Delete
NAME BUSSEY, CARLTON
STREET ADDRESS P O BOX 2695
CITY-ST-ZIP HIGH SPRINGS FL 32643

TITLE D ☐ Delete
NAME LANCASTER, PATRICIA
STREET ADDRESS 498 SE BROWN ST
CITY-ST-ZIP LAKE CITY FL 32025

TITLE D ☐ Delete
NAME BREYER, ROBERT J
STREET ADDRESS RT 3 BOX 27630 13025 S US HWY 441
CITY-ST-ZIP LAKE CITY FL 32025

TITLE D ☐ Delete
NAME WARD, LILLIAN
STREET ADDRESS 321 SE HAWKINS CT
CITY-ST-ZIP FORT WHITE FL 32038-7107

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME 300080828743
STREET ADDRESS 10/13/06--01044--004 **61.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 300080828743
STREET ADDRESS 11/28/06--01050--004 **183.75
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Lillian Ward Treasurer 8/28/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #