

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

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90179 017 \*\*\*\*61.25

**DOCUMENT # N97000004332**

1. Entity Name

ELOISE UNITED METHODIST CHURCH, INC.



Principal Place of Business

1020 SNIVELY AVENUE  
ELOISE FL 33880

Mailing Address

P O BOX 5538  
ELOISE FL 33880  
US

2. Principal Place of Business

*SAME*

3. Mailing Address

*SAME*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2713136

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

STANFIELD, JESSIE B  
2720 ALTURAS RD  
BARTOW FL 33830

7. Name and Address of New Registered Agent

Name *SAME*

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

*Jessie B. Stanfield*

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

(NOTE: Registered Agent signature required when constituting)

DATE

**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	D	<input checked="" type="checkbox"/> Delete
NAME	HATMAKER, TROY	
STREET ADDRESS	1020 SNIVELY AVENUE	
CITY - ST - ZIP	ELOISE FL 33880	
TITLE	D	<input type="checkbox"/> Delete
NAME	HATMAKER, LEE	
STREET ADDRESS	1020 SNIVELY AVENUE	
CITY - ST - ZIP	ELOISE FL 33880	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURRY, ROBERT	
STREET ADDRESS	1020 SNIVELY AVENUE	
CITY - ST - ZIP	ELOISE FL 33880	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLBRITTON, PERRY	
STREET ADDRESS	2835 SOUTH L.K. DEER DR.	
CITY - ST - ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRYANT, BARBARA	
STREET ADDRESS	1020 SNIVELY AVENUE	
CITY - ST - ZIP	ELOISE FL 33880	
TITLE	D	<input type="checkbox"/> Delete
NAME	STANFIELD, JESSIE B	
STREET ADDRESS	2720 ALTURAS RD.	
CITY - ST - ZIP	BARTOW FL 33830	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	BETTY WADE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1020 SNIVELY AVE.	
STREET ADDRESS	ELOISE, FL 33880	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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: *JESSIE B. STANFIELD*

2-27-06

863-537-9167