
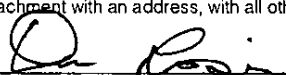


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90217 010 \*\*\*\*61.25

<b>DOCUMENT # N97000004805</b> 1. Entity Name <b>CARRABELLE UNITED METHODIST CHURCH, INC.</b>					
Principal Place of Business <b>302 TALLAHASSEE ST CARRABELLE FL 32322</b>			Mailing Address <b>P O DRAWER C CARRABELLE FL 32322</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>STANDRIDGE, ANDREW 209 FIRST ST E P. O. DRAWER C CARRABELLE FL 32322</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANKLIN, ROBERT		NAME		
STREET ADDRESS	PO BOX 1382		STREET ADDRESS		
CITY-ST-ZIP	LANARK VILLAGE FL 32323		CITY-ST-ZIP		
TITLE	VP <input checked="" type="checkbox"/> Delete		TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, DON		NAME	Bobby Millender	
STREET ADDRESS	411 RIVER ROAD		STREET ADDRESS	P.O. Box 389	
CITY-ST-ZIP	CARRABELLE FL 32322		CITY-ST-ZIP	Carrabelle, FL 32322	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRENTICE, CRUM		NAME		
STREET ADDRESS	PO BOX 423		STREET ADDRESS		
CITY-ST-ZIP	CARRABELLE FL 32322		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSIER, DAN		NAME		
STREET ADDRESS	127 LARRY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CARRABELLE FL 32322		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCK, CATHERINE		NAME		
STREET ADDRESS	P.O. BOX 56		STREET ADDRESS		
CITY-ST-ZIP	CARRABELLE FL 32322		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PILGER, KURT		NAME		
STREET ADDRESS	1764 LIGHTHOUSE ROAD		STREET ADDRESS		
CITY-ST-ZIP	CARRABELLE FL 32322		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date</small>	
				<small>Daytime Phone #</small>	



1st MOORE CR2E037 (10/04)

4. FEI Number **59-2433388** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required