

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90092 038 ****61.25

DOCUMENT # N97000004805					
1. Entity Name CARRABELLE UNITED METHODIST CHURCH, INC.					
Principal Place of Business 301 TALLAHASSEE ST CARRABELLE, FL 32322			Mailing Address P O DRAWER C CARRABELLE, FL 32322		
2. Principal Place of Business - No P.O. Box # 302 Tallahassee St.		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Carrabelle, FL		City & State		4. FEI Number 59-2433388	
Zip 32322		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STANDRIDGE, ANDREW 209 FIRST ST E P. O. DRAWER C CARRABELLE, FL 32322			7. Name and Address of New Registered Agent Name: Julie Stephens Street Address (P.O. Box Number is Not Acceptable): 393 River Rd. City: Carrabelle FL Zip Code: 32322		
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: <u>Reverend Julia Stephens</u> <u>Julie Stephens</u> <u>04/18/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME FRANKLIN, ROBERT STREET ADDRESS PO BOX 1382 CITY-ST-ZIP LANARK VILLAGE, FL 32323	<input checked="" type="checkbox"/> Delete		TITLE Jo Ellen Chandler NAME P.O. Box 1372 STREET ADDRESS Lanark Village, FL 32323 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME MILLENDER, BOBBY STREET ADDRESS P O BOX 389 CITY-ST-ZIP CARRABELLE, FL 32322	<input checked="" type="checkbox"/> Delete		TITLE Tony millender NAME P.O. Box 80 STREET ADDRESS Carrabelle, FL 32322 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME ROSIER, DAN STREET ADDRESS 127 LARRY DR CITY-ST-ZIP CARRABELLE, FL 32322	<input checked="" type="checkbox"/> Delete		TITLE Charlotte Smith NAME P.O. Box 565 STREET ADDRESS Carrabelle, FL 32322 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME GLASS, HEATHER STREET ADDRESS POB 364 CITY-ST-ZIP CARRABELLE, FL 32322	<input checked="" type="checkbox"/> Delete		TITLE Charlotte Smith NAME P.O. Box 565 STREET ADDRESS Carrabelle, FL 32322 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME MCK, CATHERINE STREET ADDRESS P.O. BOX 56 CITY-ST-ZIP CARRABELLE, FL 32322	<input checked="" type="checkbox"/> Delete		TITLE Catherine Mock NAME 1410 Mock Lane STREET ADDRESS Carrabelle, FL 32322 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME PILGER, KURT STREET ADDRESS 1764 LIGHTHOUSE ROAD CITY-ST-ZIP CARABELLE, FL 32322	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Cath Mock</u> <u>Catherine Mock</u> <u>850-697-3321</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					