

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

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90369 030 ****61.25

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1. Entity Name

**COMMUNITY UNITED METHODIST CHURCH OF LAKE
COMO, INC.**



Principal Place of Business

126 HIGHLAND AVE
LAKE COMO FL 32157

Mailing Address

PO BOX 330
LAKE COMO FL 32157-0330



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3248364

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

**KNOPP, VIRGLE
PO BOX 788
437 LAKE COMO DR
LAKE COMO FL 32157**

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 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 ☐ Delete
NAME **D**
STREET ADDRESS **FLORIO, CHRIS**
CITY-ST-ZIP **PO BOX 193
LAKE COMO FL 32157-0193**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **KNOPP, VIRGLE**
CITY-ST-ZIP **PO BOX 188
LAKE COMO FL 32157**

TITLE ☒ Delete
NAME **TD**
STREET ADDRESS **WILLIAMS, RUBY**
CITY-ST-ZIP **RT 1, BOX 552
CRESCENT CITY FL 32112**

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **TAYLOR, RUTH**
CITY-ST-ZIP **PO BOX 433
LAKE COMO FL 32157-0433**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **STERNER, BEN**
CITY-ST-ZIP **120 FLORENCE STREET
POMONA PARK FL 32181**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **STACK, DANNY**
CITY-ST-ZIP **PO BOX 54
LAKE COMO FL 32157-0054**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition
NAME **TD**
STREET ADDRESS **Diane Lavender**
CITY-ST-ZIP **126 Smith Lane
Crescent City, FL 32112**

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 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: *Nicholas Knopp* **VIRGLE C. KNOPP** 3/23/06 386-649-8419