2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006
Secretary of State

DOCUMENT# N97000006531

Entity Name: FIRST METHODIST SCHOOL, INC.

Current Principal Place of Business:

455 S BROADWAY AVE
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

455 S BROADWAY AVE
BARTOW, FL 33830

New Mailing Address:

FEI Number: 59-3485282 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ORTH, MARSHA
455 S BROADWAY AVE
BARTOW, FL 33830 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	HUFF, W P	
Address:	1895 HERMOSA AVE	
City-St-Zip:	BARTOW, FL 33830	
Title:	D	( ) Delete
Name:	JACKSON, JAN	
Address:	690 E CHURCH STREET	
City-St-Zip:	BARTOW, FL 33830	
Title:	D	( ) Delete
Name:	HUTTO, JOHN	
Address:	1165 E. GEORGE STREET	
City-St-Zip:	BARTOW, FL 33830	
Title:	D	( ) Delete
Name:	BAKER, JOANIE MRS.	
Address:	1600 DAVIS AVENUE	
City-St-Zip:	BARTOW, FL 33830	
Title:	D	( ) Delete
Name:	COUTURIER, PAT	
Address:	3040 MISSION OAKS TRAIL	
City-St-Zip:	BARTOW, FL 33830	
Title:	D	( ) Delete
Name:	PRESNELL, CAROLYN	
Address:	1195 LISA LANE	
City-St-Zip:	BARTOW, FL 33830	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	HARRELSON, GREG	
Address:	845 EAST GEROGE STREET	
City-St-Zip:	BARTOW, FL 33830	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARSHA ORTH S 02/16/2006

Electronic Signature of Signing Officer or Director — Date