

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

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90016 015 ****61.25



DOCUMENT # N97000007209

1. Entity Name

YULEE UNITED METHODIST CHURCH, INC.

Principal Place of Business

**860003 CHRISTIAN WAY.
 YULEE FL 32041**

Mailing Address

**PO BOX 127
 YULEE FL 32041**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State

City & State

4. FEI Number

59-2066567

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GRAVES, JOSEPH L
 64 OAK GROVE PLACE
 FERNANDINA BEACH FL 32034**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	COLE, THOMAS L	
STREET ADDRESS	13643 OLD NASSAVILLE RD	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	P	<input type="checkbox"/> Delete
NAME	GRAVES, JOE	
STREET ADDRESS	64 OAK GROVE PL	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JONES, LINDA	
STREET ADDRESS	1890 W SR 200	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	ST	<input type="checkbox"/> Delete
NAME	TOWNS, ED	
STREET ADDRESS	1342 NASSAVILLE RD	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCDONALD, EDNA	
STREET ADDRESS	3385 LEO DR	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE		<input type="checkbox"/> Delete
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
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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: *Joseph L Graves*

1-23-06 904-261-0225