


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90077 039 \*\*\*\*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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 59-2066567		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 GRAVES, JOSEPH L 64 OAK GROVE PLACE FERNANDINA BEACH FL 32034		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME COLE, THOMAS L	<input type="checkbox"/> Delete	TITLE NAME Jerry Gries	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1301 OLD NASSAVILLE RD		STREET ADDRESS 3691 Parliament Dr.	
CITY-ST-ZIP FERNANDINA BEACH FL 32034		CITY-ST-ZIP Fernandina Bch FL 32034	
TITLE NAME GRAVES, JOE	<input type="checkbox"/> Delete	TITLE NAME Fred Panke	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 64 OAK GROVE PL		STREET ADDRESS 254 Duval Rd.	
CITY-ST-ZIP FERNANDINA BEACH FL 32034		CITY-ST-ZIP Fernandina Bch 32034	
TITLE NAME JONES, LINDA	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1830 W SR 200		STREET ADDRESS	
CITY-ST-ZIP CALLAHAN FL 32011		CITY-ST-ZIP	
TITLE NAME TOWNS, ED	<input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1342 NASSAVILLE RD		STREET ADDRESS	
CITY-ST-ZIP FERNANDINA BEACH FL 32034		CITY-ST-ZIP	
TITLE NAME MCDONALD, EDNA	<input checked="" type="checkbox"/> Delete	TITLE NAME Shipley, Baker	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3385 LEO DR		STREET ADDRESS 942631 Old Nassauville Rd	
CITY-ST-ZIP FERNANDINA BEACH FL 32034		CITY-ST-ZIP Fernandina Bch 32034	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Fred Panke 2/15/07 277-2117