

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

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90024 020 ****61.25

DOCUMENT # N98000001242	
1. Entity Name RUSKIN UNITED METHODIST CHURCH, INC.	



Principal Place of Business 105 FOURTH STREET NW RUSKIN FL	Mailing Address PO BOX 745 RUSKIN FL 33570
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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 59-0994487		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SWANEY, LARRY 504A FALKIRK COURT #105 SUN CITY CENTER FL 33573		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 *Larry Swaney*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

3-2-06

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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	C	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SWANEY, LARRY			NAME	Gene Robbins		
STREET ADDRESS	504A FALKIRK COURT #105			STREET ADDRESS	736 ojai Ave.		
CITY-ST-ZIP	SUN CITY CENTER FL 33573			CITY-ST-ZIP	Sun City Center FL 33573		
TITLE	VC	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GEVFERT, CARL			NAME	Bill Broaden		
STREET ADDRESS	13011 LINCOLN RD			STREET ADDRESS	1403 Ventura Dr		
CITY-ST-ZIP	RIVERVIEW FL 33569			CITY-ST-ZIP	Ruskin FL 33573		
TITLE	S	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SPELLER, TINA			NAME	CAROL TEDDER		
STREET ADDRESS	6225 SOLITAIRE PALM WAY			STREET ADDRESS	11222 Villas on the Green		
CITY-ST-ZIP	APOLLO BEACH FL 33572			CITY-ST-ZIP	RIVERVIEW FL 33569		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SICKELS, VERA			NAME			
STREET ADDRESS	534 S DOMINO DR			STREET ADDRESS			
CITY-ST-ZIP	RUSKIN FL 33570			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLAIR, JACK			NAME			
STREET ADDRESS	2411 STUDIO			STREET ADDRESS			
CITY-ST-ZIP	RUSKIN FL 33570			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUNTER, MARY			NAME			
STREET ADDRESS	1117 GOLFVIEW WOODS DR			STREET ADDRESS			
CITY-ST-ZIP	RUSKIN FL 33570			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 *Larry Swaney*

3/15/06