

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90045 040 \*\*\*\*61.25

**DOCUMENT # N99000002805**

1. Entity Name  
**THE FIRST UNITED METHODIST CHURCH OF BUNNELL,  
INCORPORATED**



Principal Place of Business  
**CORNER OF LAMBERT & PINE STREET  
BUNNELL, FL 32110**

Mailing Address  
**P.O. BOX 335  
BUNNELL, FL 32110**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02012006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2352866**

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

**KING, MARILYN V  
302 NORTH CHERRY ST  
BUNNELL, FL 32110**

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

**Filing 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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
MERCER, RAY  
410 N. ANDERSON ST.  
BUNNELL, FL 32110 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MERCER, RAY - PD ☒ Change ☐ Addition  
410 N. ANDERSON ST.  
BUNNELL, FL 32110

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
KUYPERS, MICHAEL  
17 BLAKETOWN PLACE  
PALM COAST, FL 32137 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
KUYPERS, MICHAEL - VD ☒ Change ☐ Addition  
17 BLAKETOWN PLACE  
PALM COAST, FL 32137

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
BUCKLES, MAXINE  
905 CR 140  
BUNNELL, FL 32110 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
KING, MARILYN V. - SD ☐ Change ☒ Addition  
302 N. CHERRY STREET  
BUNNELL, FL 32110

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
BOURNE, LEE  
277 OCEAN PALM DRIVE  
FLAGLER BEACH, FL 32136 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
HESLEP, MAX - D ☐ Change ☒ Addition  
165 LOOKOUT DRIVE  
FLAGLER BEACH, FL 32136

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
NARKAWICZ, JOHN  
27 OSPREY LANE  
FLAGLER BEACH, FL 32136 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TAYLOR, CARLA - D ☐ Change ☒ Addition  
9300 CR 304  
BUNNELL, FL 32110

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
BROCK, DONNIE - D ☐ Change ☒ Addition  
3088 CR 13  
BUNNELL, FL 32110

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Ray Mercer* **RAY MERCER** *2/9/06* **386/437-2112**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #