

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

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90073 014 ****61.25

DOCUMENT # N99000004875

1. Entity Name

FIRST UNITED METHODIST CHURCH OF
APALACHICOLA, INC.



Principal Place of Business

75 5TH ST
APALACHICOLA FL 32320

Mailing Address

P.O. BOX 476
APALACHICOLA FL 32329

60017913



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3597442

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

MOSTELLER, TEDDY J
151 24TH AVE.
APALACHICOLA FL 32320

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

93 So. Bayshore Drive

City

Eastpoint, FL 32328

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

Raymond T. Gilmore

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5 Feb 06

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

TITLE PD ☒ Delete
NAME HOSE, HAROLD
STREET ADDRESS 211 NORTH BAYSHORE DRIVE
CITY-ST-ZIP EASTPOINT FL 32328

TITLE VD ☒ Delete
NAME GANDER, JEAN
STREET ADDRESS 999 BLUFFRD
CITY-ST-ZIP APALACHICOLA FL 32320

TITLE TT ☐ Delete
NAME SCHOELLES, NONIE
STREET ADDRESS 150 BAY CITY RD
CITY-ST-ZIP APALACHICOLA FL 32320-1002

TITLE SD ☐ Delete
NAME WELLS, JACK
STREET ADDRESS PO BOX 664
CITY-ST-ZIP EASTPOINT FL 32328-0664

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Rita Sawyer ☐ Change ☐ Addition
NAME
STREET ADDRESS 9 11th St
CITY-ST-ZIP Apalachicola FL 32320

TITLE Gerald Siprell ☐ Change ☐ Addition
NAME
STREET ADDRESS 3 Wildflower Lane
CITY-ST-ZIP Apalachicola FL 32320

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Nonie Schellen*

Treasurer 1-25-06 850 653 9360