2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P09683

1. Entity Name
THE ALABAMA-WEST FLORIDA UNITED METHODISTS DEVELOPMENT FUND, INC.

Principal Place of Business.	Mailing Address
170 BELMONT DRIVE SUITE 1 DOTHAN, AL 36305 US	P.O. BOX 8066 DOTHAN, AL 36304 US

02032005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
63-0951654
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ANCHORS, C. LEDON
909 MAR-WALT DRIVE
SUITE 1014
FT. WALTON BEACH, FL 32548

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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 C. Ledon Anchors 3/1/05
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, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HILYER, LEON
STREET ADDRESS	206 LAMER ST
CITY-ST-ZIP	TROY, AL
TITLE	VPD
NAME	BRATTON, JOSEPH
STREET ADDRESS	620 CHURCH ST
CITY-ST-ZIP	ANDALUSIA, AL
TITLE	MD
NAME	TURNER,TERRI
STREET ADDRESS	170 BELMONT DRIVE, STE 1
CITY-ST-ZIP	DOTHAN, AL 36305
TITLE	DD
NAME	MCCARROLL, STEVE
STREET ADDRESS	601 RUTGERS RD
CITY-ST-ZIP	DOTHAN, AL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000252348
03/05/05-80022-020 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Terri H. Turner 2/24/05 334-793-6820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #