


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90028 032 \*\*\*\*70.00

<b>DOCUMENT # 707796</b>					
1. Entity Name ONECO UNITED METHODIST CHURCH, INC.					
Principal Place of Business 2112 53RD AVENUE E BRADENTON, FL 34203			Mailing Address P.O. BOX 908 ONECO, FL 34264		
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 <del>70-7706640</del> SA-1857122	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCHUBERT, HAROLD 5316 53RD AVENUE E. WESTWINDS MHP N-8 BRADENTON, FL 34203			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT, RUDY		NAME	BARBARA CLINE	
STREET ADDRESS	6031 HOPKINS DR N		STREET ADDRESS	7015 VERNA BETHANY RD	
CITY-ST-ZIP	BRADENTON, FL 34207		CITY-ST-ZIP	MYAKKA CITY, FL	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRANFORD, BOBBY		NAME	LLOYD WOLFE	
STREET ADDRESS	1109 MAGELLAN DR.		STREET ADDRESS	508 44 <sup>th</sup> AVE # B-24	
CITY-ST-ZIP	SARASOTA, FL 34243		CITY-ST-ZIP	BRADENTON, FL	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILES, CLINTON		NAME		
STREET ADDRESS	2888 48TH WAY E		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, MARY		NAME		
STREET ADDRESS	5316 53RD AVE., E. W.WINDS L-10		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUBERT, HAROLD		NAME		
STREET ADDRESS	5316 53RD AVE E, N-8		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORTON, CALVIN		NAME		
STREET ADDRESS	2123 37TH AVE E		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34208		CITY-ST-ZIP		
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 empowers.					
SIGNATURE: <i>Harold Schubert</i>		Date: 01-19-05		Daytime Phone #: (941) 756-9695	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					