



**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90035 017 \*\*\*\*61.25

<b>DOCUMENT # 710481</b>					
1. Entity Name <b>THE FIRST UNITED METHODIST CHURCH OF PORT ST. JOHN, INC.</b>					
Principal Place of Business 1165 FAY BLVD. COCOA, FL 32927		Mailing Address 1165 FAY BLVD. COCOA, FL 32927			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01152004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent				4. FEI Number 59-2480644	
PARRISH, DANIEL DR 1165 FAY BLVD. COCOA, FL 32927				Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of New Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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		<i>Rev. Dr. Daniel J. Parrish</i>		DATE <i>Jan. 20, 2004</i>	
Filing Fee is \$61.25 Due by May 1, 2004		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 checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POOLE, FRANKLIN		NAME	Jim Davis	
STREET ADDRESS	6600 ABERDEEN AVE.		STREET ADDRESS	5960 Fisherman Lane	
CITY-ST-ZIP	COCOA, FL 32927		CITY-ST-ZIP	Cocoa, FL 32927	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, CONNIE		NAME	Mary Lambert	
STREET ADDRESS	7180 OAKWOOD AVE		STREET ADDRESS	4849 Mildred Ct.	
CITY-ST-ZIP	COCOA, FL		CITY-ST-ZIP	Cocoa, FL 32927	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	Y	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHANDLER, RICHARD DR.		NAME	Harold Baker	
STREET ADDRESS	1165 FAY BLVD		STREET ADDRESS	4200 Lee Hall Place	
CITY-ST-ZIP	COCOA, FL		CITY-ST-ZIP	Cocoa, FL 32927	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRISH, DANIEL		NAME		
STREET ADDRESS	637 AMOR DR		STREET ADDRESS		
CITY-ST-ZIP	COCOA, FL 32927		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 empowered.					
SIGNATURE:		<i>Rev. Dr. Daniel J. Parrish</i>		DATE <i>JAN. 18, 2004</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <i>321-631-0183</i>	