

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710481

FILED  
Mar 17, 2005  
Secretary of State

**Entity Name:** THE FIRST UNITED METHODIST CHURCH OF PORT ST. JOHN, INC.

**Current Principal Place of Business:**

1165 FAY BLVD.  
COCOA, FL 32927

**New Principal Place of Business:**

**Current Mailing Address:**

1165 FAY BLVD.  
COCOA, FL 32927

**New Mailing Address:**

FEI Number: 59-2480644

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PARRISH, DANIEL DR  
1165 FAY BLVD.  
COCOA, FL 32927 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DAVIS, JIM  
Address: 5960 FISHERMAN LANE  
City-St-Zip: COCOA, FL 32927

Title: T ( ) Delete  
Name: LAMBERT, MARY  
Address: 4849 MILDRED CT.  
City-St-Zip: COCOA, FL 32927

Title: V ( ) Delete  
Name: BAKER, HAROLD  
Address: 4200 LEE HALL PLACE  
City-St-Zip: COCOA, FL 32927

Title: P ( ) Delete  
Name: PARRISH, DANIEL  
Address: 637 AMOR DR  
City-St-Zip: COCOA, FL 32927

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY LAMBERT

T

03/17/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date