2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State
04-23-2004 90261 047 ****61.25

DOCUMENT # 724745

1. Entity Name
FIRST UNITED METHODIST CHURCH OF ZEPHYRHILLS, INC.

Principal Place of Business	Mailing Address
38635 FIFTH AVE ZEPHYRHILLS, FL 33540-4302 US	38635 FIFTH AVE ZEPHYRHILLS, FL 33540-4302 US

%3.0301666666D&

04212004 Chg-NP CR2E037 (10/03)

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 59-0675142 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VANDERMOLEN, DARRYL 7717 ARMS DRIVE ZEPHYRHILLS, FL 33540	Name: Cliff McDuffie, Jr Street Address (P.O. Box Number is Not Acceptable): 6130 17th Street Zephyrhills City: **FL** Zip Code: 33540

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TV VANDERMOLEN, DARRYL 7717 ARMS DRIVE ZEPHYRHILLS, FL 33540	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mr. Cliff McDuffie, Jr 6130 17th Street Zephyrhills, Fl 33540	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COURTS, ROGER 37407 LOIS AVENUE ZEPHYRHILLS, FL 33541	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dr. John Gaines 6411 Silver Oakes Drive Zephyrhills, Fl 33542	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T OTTMAN, MARIAN 5623 CARIE COURT ZEPHYRHILLS, FL 33540	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 4-21-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #