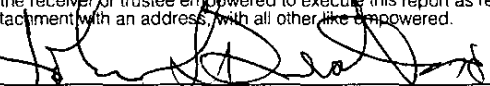


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90022 050 ****61.25

DOCUMENT # N15372 1. Entity Name FIRST UNITED METHODIST CHURCH, INC.					
Principal Place of Business 1125 EAST SILVER SPRINGS BOULEVARD OCALA FL 34470			Mailing Address 1125 EAST SILVER SPRINGS BOULEVARD OCALA FL 34470		
2. Principal Place of Business Ocala, Florida Suite, Apt. #, etc.		3. Mailing Address Blvd. 1126 East Silver Springs Suite, Apt. #, etc.			
City & State Ocala, Florida Zip Country 34470 USA		City & State Ocala, Florida Zip Country 34470 USA		4. FEI Number 59-0700564 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				MOORE CR2E037 (11/03)	
6. Name and Address of Current Registered Agent GREEN, JOHN M. JR. 2323 SE 5TH ST. OCALA FL 34471			7. Name and Address of New Registered Agent Name Appelquist, Cheryl Street Address (P.O. Box Number is Not Acceptable) 1935 SW 61st Lane Road City Ocala, FL Zip Code 34474		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: 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 NAME STREET ADDRESS CITY-ST-ZIP	DC EDWARDS, STEVE 470 SW 63 STREET ROAD OCALA FL 34474 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Wilson, Bob 1616 SE 13th Street Ocala, Florida 34471 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOSSING, GERALD D 724 S.E. 40TH TERR. OCALA FL 34471-3136 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Strickland, Stuart 1520 SE 8th Street Ocala, Florida 34471 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MT ANDREWS, GARNET 1538 SE 11TH ST OCALA FL 34471 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Young, Jackie 1243 SE 22nd Avenue Ocala, Florida 34471 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MT DEATON, JOHN S 2130 SW 37TH ST RD OCALA FL 34474 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC Deaton, John S. 2130 SW 37th Street Road Ocala, Florida 34474 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MT LEWIS, LINDA 1938 SE CLATTERBRIDGE RD OCALA FL 34471 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			John S. Deaton		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> 3/10/2004 <small>Daytime Phone #</small> 352-622-3244		