2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State
01-10-2005 90024 050 ****61.25

66000851

01032005 Chg-NP CR2E037 (10/03)

DOCUMENT # N15372

1. Entity Name
FIRST UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
OCALA, FLORIDA OCALA, FL 34470	1126 EAST SILVER SPRINGS BLVD. OCALA, FL 34470

2. Principal Place of Business	3. Mailing Address
1126 E. Silver Springs Blvd.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Attention: Joan Castellucci	SAME
City & State: Ocala, Florida	City & State: SAME
Zip: 34470 Country: USA	Zip: SAME Country: SAME

4. FEI Number: 59-0700564 ☐ 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
APPLQUIST, CHERYL 1935 SW 61ST LANE ROAD OCALA, FL 34474	Name: Marjorie Renfroe Street Address (P.O. Box Number is Not Acceptable): 4566 SE 2nd Place City: Ocala FL Zip Code: 34471

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: Marjorie Renfroe 1-27-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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	T WILSON, BOB 1615 SE 13TH STREET OCALA, FL 34471	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Jackie Young 1243 SE 22nd Avenue, Ocala FL 34471
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LOSSING, GERALD D 724 S.E. 40TH TERR. OCALA, FL 344713136	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T William Weaver 1344 SE 20th Ave., Ocala FL 34471
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T STRICKLAND, STUART 1520 SE 8TH STREET OCALA, FL 34471	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MT DEATON, JOHN S 2130 SW 37TH ST RD OCALA, FL 34474	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Rhonda Mack PO Box 5475, Ocala, FL 34478.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MT LEWIS, LINDA 1938 SE CLATTERBRIDGE RD OCALA, FL 34471	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Carolyn Grissom 3200 SE 38th Str., Ocala 34471
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DEATON, JOHN S 2130 SW 37TH STREET ROAD OCALA, FL 34474	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Steve Lossing 1414 SE 8th Str., Ocala, FL 34471

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: William Weaver 1/7/2005 (352) 622-3244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Treasurer