


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

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-04-2004 90081 022 ****70.00

DOCUMENT # N19256			
1. Entity Name FIRST UNITED METHODIST CHURCH OF FORT WALTON, INC.			
Principal Place of Business 103 FIRST STREET, S.E. FORT WALTON BEACH FL 32548-2893		Mailing Address 103 FIRST STREET, S.E. FORT WALTON BEACH FL 32548-2893	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-0939948		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			

66402872



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent RIVERS, RALPH F 109 HOWELL DRIVE, NW FORT WALTON BEACH FL 32548		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVIS, CAREN <input checked="" type="checkbox"/> Delete 122 MICHAEL AVE FORT WALTON BEACH FL 32547	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARY, ROB <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 99 Opp Blvd., NE Ft Walton Beach, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAYLES, MALCOLM <input type="checkbox"/> Delete 117 WAYNELL CIRCLE, SE FORT WALTON BEACH FL 32548	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TRUBY, ALLEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 659 Merioneth Dr. Ft. Walton Beach, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STONE, JERRY <input checked="" type="checkbox"/> Delete 111 WOODBINE CIRCLE FORT WALTON BEACH FL 32548	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBBINS, MERLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PO Box 1343 Ft Walton Beach, FL 32549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HESTER, JOYCE <input type="checkbox"/> Delete 814 TAROON DRIVE FORT WALTON BEACH FL 32548	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOODMAN, TINA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 338 Shannon Ct Ft Walton Beach, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAUGHN, AUBREY <input type="checkbox"/> Delete 147 HOMEWOOD DRIVE FORT WALTON BEACH FL 32548	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STRUZINSKI, LURA <input checked="" type="checkbox"/> Delete 115 FULAR CIRCLE FORT WALTON BEACH FL 32548	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: *Ralph F. Rivers* Chairman, Board of Trustees **January 22, 2004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

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1. Entity Name
FIRST UNITED METHODIST CHURCH OF FORT WALTON, INC.



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FORT WALTON BEACH FL 32548-2893
Mailing Address
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FORT WALTON BEACH FL 32548-2893

Handwritten signature and redacted area with text MOORE CR2E037 (11/03)

2. Principal Place of Business
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 59-0939948
Applied For Not Applicable
5. Certificate of Status Desired XX \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RIVERS, RALPH F
109 HOWELL DRIVE, NW
FORT WALTON BEACH FL 32548

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include DAVIS, CAREN; HAYLES, MALCOLM; STONE, JERRY; HESTER, JOYCE; VAUGHN, AUBREY; STRUZINSKI, LURA.

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include GARY, ROB; TRUBY, ALLEN; ROBBINS, MERLE; GOODMAN, TINA; RIVERS, RALPH.

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...

SIGNATURE: Ralph S. Rivers, Chairman, Board of Trustees January 22, 2004