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

Feb 23, 2004 8:00 am Secretary of State DOCUMENT #-N19256 02-04-2004 90081 022 ****70.00 1. Entity Name FIRST UNITED METHODIST CHURCH OF FORT WALTON. INC. Principal Place of Business Mailing Address 103 FIRST: STREET, S.E. FORT WALTON BEACH FL 32548-2893 103 FIRST STREET, S.E. FORT WALTON BEACH FL 32548-2893 66402872 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-0939948 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent Name RIVERS, RALPH F Street Address (P.O. Box Number is Not Acceptable) 109 HOWELL DRIVE, NW FORT WALTON BEACH FL 32548 City Zip Code 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 as (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1; 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE **Delete** TITLE ☐ Change Addition DAVIS, CAREN MAME GARY, ROB 122 MICHAEL AVE STREET ADDRESS STREET ADDRESS FORT WALTON BEACH FL 32547 99 Opp Blvd., NE Ft Walton Beach, FL 32548 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition HAYLES, MALCOLM NAME TRUBY, ALLEN 117 WAYNELL CIRCLE, SE STREET ADDRESS STREET ADDRESS 659 Merioneth Dr. Ft. Walton Beach, FL 32547 FORT WALTON BEACH FL 32548 CITY-ST-ZIP CITY-ST-ZIP TITLE X Delete TITLE Change XXAddition STONE, JERRY NAME MALLE ROBBINS, MERLE 11.1 WOODBINE CIRCLE STREET ADDRESS STREET ADDRESS PO Box 1343 Ft Walton Beach, FL 32549 FORT WALTON BEACH FL 32548 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition HESTER, JOYCE MALIE NAME GOODMAN, TINA 814 TAROON DRIVE STREET ADDRESS STREET ADDRESS 338 Shannon Ct Ft Walton Beach, FL 32548 FORT WALTON BEACH FL 32548 CITY-ST-ZIP CITY-ST-ZIP THE Delete TITLE Change Addition VAUGHN, AUBREY NAME 147 HOMEWOOD DRIVE STREET ADDRESS STREET ADDRESS FORT WALTON BEACH FL 32548 CITY-ST-7IP CITY-ST-ZIP TITLE IX Delete TITLE ☐ Change Addition STRUZINSKI, LURA NAME NAME 115 FULAR CIRCLE STREET ADDRESS STREET ADDRESS FORT WALTON BEACH FL 32548 CITY-ST-ZIP 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

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egs, with all other like empowered. SIGNATURE: Raigh Rivers, Chairman, Board of Trustees January 22, Attachment

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

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| DOCUMENT # N19256 1. Entity Name | | | | | | | | | |
| FIRST UNITED METHODIST CHURCH OF FORT WALTON, INC. | | | | | | | | | |
| Principal Place of Business | | Mailing Address | | | | | | | |
| 103 FIRST S FORT WALT | TREET, S.E. ON BEACH FL 32548-2893 | 103 FIRST STREET, S.E. FORT WALTON BEACH FL 32548-2893 | | 3 | a | 4028 | 0 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | MOOF | ≀E CR2E03 | 7 (11/03) | | |
| City & State | | City & State | | | 4. FEI Number 59-0 | 939948 | No | plied For at Applicable | |
| Zip | Country | Zip | Country | | 5. Certificate of Status | Desired XX | \$8.75 Add Fee Require | | |
| Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent Name | | | | | |
| RIVERS, RALPH F | | | | | | | | | |
| 109 | HOWELL DRIVE, NW T WALTON BEACH FL 3254 | 1 8 | Street Address | | P.O. Box Number is Not A | cceptable) | | · · | |
| | | | City | | r•∎ Zip Code | | | | |
| | | | 1 | · | | FL | - ` | | |
| | named entity submits this statement for ons of registered agent. | the purpose of changing its reg | istered office of | r registere | ed agent, or both, in the S | state of Florida. I am | familiar with, | and accept | |
| SIGNATURE - | Signature, typed or printed name of registered agent a | nd litte if applicable. (NOTE: Reg | gistered Agent signat | ure required | when reinstating) | DATE | | | |
| | FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | 9. Election Campa Trust Fund Cont | | | \$5.00 May Be Added to Fees | Make Chec Florida Depar | k Payable tment of S | to State | |
| 10. | OFFICERS AND DIR | ECTORS | 11. | Α | DDITIONS/CHANGES TO | O OFFICERS AND DI | RECTORS IN | 10 | |
| TITLE | T DAVIS, CAREN | ☑ Delete | TITLE | T | | | ☐ Change | Addition | |
| NAME , STREET ADDRESS | 122 MICHAEL AVE | | NAME STREET ADDRESS | | , ROB | | | | |
| CITY-ST-ZIP | FORT WALTON BEACH FL 32547 | | CITY-ST-ZIP | 99 O <u>r</u> | op Blvd., NE | Ft Walton | Beach, F. | L 32548 | |
| TITLE . | T HAYLES, MALCOLM | ☐ Delete | TITLE NAME | T TRUB | , ALLEN | | ☐ Change | Addition | |
| STREET ADDRESS CITY-ST-ZIP | 117 WAYNELL ÇIRCLE, SE FORT WALTON BEACH FL 32548 | C 7, 22, 2 20 (2) | STREET ADDRESS CITY-ST-ZIP | 659_1 | Merioneth Dr. | Ft. Walton | Beach, | FL 325 | |
| TITLE | T STONE IERRY | ☑ Delete | TITLE | T | | | ☐ Change | XX Addition | |
| NAMÉ STREET ADDRESS | STONE, JERRY 111 WOODBINE CIRCLE | | NAME STREET ADDRESS | 1 | INS, MERLE | 14 Db ' | | 0 | |
| CITY-ST-ZIP | FORT WALTON BEACH FL 32548 | | CITY-ST-ZIP | PO BO | ox 1343 Ft Wal | lton Beach, | FL 3254 | 9 | |
| TITLE | T HESTER, JOYCE | ☐ Delete | TITLE | T | | | ☐ Change | Addition | |
| NAME STREET ADDRESS | 814 TAROON DRIVE | | NAME STREET ADDRESS | 1 | MAN, TINA Shannon Ct Ft | Walton Boa | ah ET 2 | 25/10 | |
| CITY-ST-ZIP | FORT WALTON BEACH FL 32548 | | CITY-ST-ZIP | 336 | manion cc rc | warcon bear | CILLET 2 | 2,40 | |
| TITLE | VAUGHN, AUBREY | ☐ Delete | TITLE | Т | | | ☐ Change | Addition | |
| NAME CTREET ADDRESS | 147 HOMEWOOD DRIVE | | NAME STREET ADDRESS | | RS, RALPH | | * | | |
| STREET ADDRESS CITY-ST-ZIP | FORT WALTON BEACH FL 32548 | | CITY-ST-ZIP | 109 | Howell Drive, alton BEach, I | N.W. FL 32548 | | | |
| TITLE | T STRUZINSKI, LURA | □X Delete | TITLE | | | | ☐ Change | Addition | |
| NAME | 115 FULAR CIRCLE | Ì | NAME | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | FORT WALTON BEACH FL 32548 | | STREET ADDRESS CITY-ST-ZIP | | | | | | |
| | certify that the information supplied with | this filing does not qualify for the | | ited in Se | ction 119.07(3)(i), Florida | Statutes. I further ce | rtify that the in | nformation | |

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: Raiph Rivers, Chairman, Board of Trustees

January 22, 2004