


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90056 012 ****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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0939948	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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		Zip Code
			FL		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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	T	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY, ROB		NAME	Goodman, Tina	
STREET ADDRESS	99 OPP BLVD NE		STREET ADDRESS	338 Shannon Court	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548		CITY-ST-ZIP	Fort Walton Beach, FL 32548	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAYLES, MALCOLM		NAME	Davis, Caren	
STREET ADDRESS	117 WAYNELL CIRCLE, SE		STREET ADDRESS	122 Michael Ave	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548		CITY-ST-ZIP	Fort Walton Beach, FL 32547	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRUBY, ALLEN		NAME	Barnes, Buddy	
STREET ADDRESS	659 MERIONETH DR		STREET ADDRESS	102 Holmes Blvd, NW	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547		CITY-ST-ZIP	Fort Walton Beach, FL 32548	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HESTER, JOYCE		NAME	Hayes, Mitch	
STREET ADDRESS	814 TAROON DRIVE		STREET ADDRESS	4 Pryor Drive,	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548		CITY-ST-ZIP	Mary Esther, FL 32569	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHN, AUBREY		NAME		
STREET ADDRESS	147 HOMEWOOD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH FL 32548		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBBINS, MERLE		NAME		
STREET ADDRESS	PO BOX 1343		STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH FL 32549		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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Ralph F. Rivers</i>		RALPH F. RIVERS		1 Feb 05 (850) 243-9292	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	