


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90012 004 ****61.25

DOCUMENT # N30091

1. Entity Name
FIRST UNITED METHODIST CHURCH OF WINTER GARDEN, INC.



Principal Place of Business 125 N LAKEVIEW AVE WINTER GARDEN, FL 34787-3910	Mailing Address 125 N LAKEVIEW AVE WINTER GARDEN, FL 34787-3910
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40000629



01052005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-0725543	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ASMA, WILLIAM N.
 886 SOUTH DILLARD STREET
 WINTER GARDEN, FL 32787**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEATING, TIMOTHY 802 TILDENVILL RD. WINTER GARDEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REYNOLDS, LEROY 1200 THORNBY CT. WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BADGLEY, ANNE S 10 W. SMITH ST. WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SABAT, LOUIS 396 CENTER ST. OCOEE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAVAR, BLAZ 1654 SPRING RIDGE CIR. WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINES, HANK 122 VALENCIA SHORES DR. 13526 Larsen Lane WINTER GARDEN, FL 34787

DO NOT WRITE IN THIS SPACE

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: *Anne S. Badgley* Anne S. Badgley *1/5/2005* 407 656 1135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #