


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90035 016 ****61.25

DOCUMENT # N32828	
1. Entity Name MIDDLEBURG UNITED METHODIST CHURCH, INC.	

Principal Place of Business 3925 MAIN STREET MIDDLEBURG, FL 32068	Mailing Address 3925 MAIN STREET MIDDLEBURG, FL 32068
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50007979



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

01122005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1320369

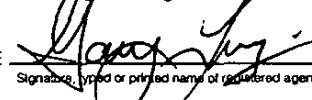
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent SALTSMAN, TIM 3745 FOXTAIL AVE. MIDDLEBURG, FL 32068
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7. Name and Address of New Registered Agent	
Name Berg Lenz	
Street Address (P.O. Box Number is Not Acceptable) 6011 Centerwood Ave.	
City Jacksonville	Zip Code FL 32234

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 acknowledge the obligations of, the registered agent.

SIGNATURE  (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. <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	TR WILKIE, ROY 3787 CREEK HOLLOW LN. MIDDLEBURG, FL 32068	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Janet Bruce 3062 Hidden-Oaks Dr. Middleburg, FL 32068	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR PETERS, ELIZABETH 3986 COUNTRY MEADOWS DR MIDDLEBURG, FL 32068	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Floyd Sewell 3062 Hidden Oaks Dr. Middleburg, FL 32068	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SALTSMAN, TIM 3745 FOXTAIL AVE. MIDDLEBURG, FL 32068	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Angela Whiteside 2300 Tyrone Rd. Middleburg, FL 32068	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HENDRY, GAYWARD 577 BRANSCOMB RD. GREEN COVE SPRINGS, FL 32043	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Mickey Burns 4574 Santa Clara Ave. Middleburg, FL 32068	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILDER, RUSTY PO BOX 709 PENNEY FARMS, FL 32079	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR John Gauthier 1563 Ibis Dr. Middleburg, FL 32068	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Ed Elster 1224 Bee St. N. Orange Park, FL 32065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 