

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

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90003 049 \*\*\*\*70.00

<b>DOCUMENT # N47053</b>			
1. Entity Name <b>DAVENPORT UNITED METHODIST CHURCH, INC.</b>			
Principal Place of Business <b>3 NORTH SUWANNEE AVENUE P.O. BOX 145 DAVENPORT FL 33837 US</b>		Mailing Address <b>PO BOX 145 DAVENPORT FL 33836</b>	
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 <b>59-6141889</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>RHODES, PAMELA 3 NORTH SUWANNEE AVE DAVENPORT FL 33836</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>Pamela Rhodes</i></u>		DATE <u>2/20/04</u>	
SIGNATURE, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HENSELER, WILFRED</b> <b>750 MYSTER HOUSE ROAD</b> <b>DAVENPORT FL 33837</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Ken Irvine</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>66 Citris Ridge Drive</b> <b>Davenport, Florida 33837</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CARDINAL, ED</b> <b>5432 STRUTHERS</b> <b>WINTER HAVEN FL 33884</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>David Gribbin</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>6 Sandalwood Drive</b> <b>Davenport, Florida 33837</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RUST, JOHN</b> <b>4153 LAKE NED CIR</b> <b>WINTER HAVEN FL 33884</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Charles Esworthy</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>5 E Palm Street</b> <b>Davenport, Florida 33837</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PATRICK, JAMES</b> <b>469 BENT OAK LOOP</b> <b>DAVENPORT FL 33837</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Yvonne Krogulski</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>6 High Vista Drive</b> <b>Davenport, Florida 33837</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WHITE, ERIC</b> <b>119 LOCKE ROAD</b> <b>DAVENPORT FL 33837</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Michelle Smith</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>5780 Fox Hollow Drive</b> <b>Winter Haven Florida 33884</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RUST, PETER</b> <b>15 E CYPRESS P O BOX 711</b> <b>DAVENPORT FL 33836</b> <input checked="" type="checkbox"/> Delete	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:** *Irene N. Lemke* **Irene N Lemke** 2/20/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #