

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 18, 2005 8:00 am**  
**Secretary of State**

07-18-2005 90039 028 \*\*\*\*70.00

**DOCUMENT # N47053**

1. Entity Name  
**DAVENPORT UNITED METHODIST CHURCH, INC.**



Principal Place of Business  
**3 NORTH SUWANNEE AVENUE  
P.O. BOX 145  
DAVENPORT, FL 33837 US**

Mailing Address  
**PO BOX 145  
DAVENPORT, FL 33836**

**20064673**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06302005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-6141889**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RHODES, PAMELA  
3 NORTH SUWANNEE AVE  
DAVENPORT, FL 33836**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 **D** ☐ Delete  
NAME **IRVINE, KEN**  
STREET ADDRESS **66 CITRUS RIDGE DRIVE**  
CITY-ST-ZIP **DAVENPORT, FL 33837**

TITLE **D** ☐ Change ☒ Addition  
NAME **yvonne Krogulski**  
STREET ADDRESS **925 Avenue 2 NW**  
CITY-ST-ZIP **Winter Haven FL 33881**

TITLE **D** ☒ Delete  
NAME **CARDINAL, ED**  
STREET ADDRESS **5432 STRUTHERS**  
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE **D** ☐ Change ☒ Addition  
NAME **Bob Masden**  
STREET ADDRESS **821 Ashton Dr.**  
CITY-ST-ZIP **Davenport, FL 33837**

TITLE **D** ☐ Delete  
NAME **GRIFFIN, DAVID**  
STREET ADDRESS **6 SANDALWOOD DRIVE**  
CITY-ST-ZIP **DAVENPORT, FL 33837**

TITLE **D** ☐ Change ☒ Addition  
NAME **Michelle Miller**  
STREET ADDRESS **5980 Fox Hollow Dr.**  
CITY-ST-ZIP **Winter Haven, FL 33884**

TITLE **D** ☐ Delete  
NAME **PATRICK, JAMES**  
STREET ADDRESS **469 BENT OAK LOOP**  
CITY-ST-ZIP **DAVENPORT, FL 33837**

TITLE **D** ☐ Change ☒ Addition  
NAME **Ed Bouchard**  
STREET ADDRESS **325 Crane Lane**  
CITY-ST-ZIP **Haines City, FL 33844**

TITLE **D** ☒ Delete  
NAME **WHITE, ERIC**  
STREET ADDRESS **119 LOCKE ROAD**  
CITY-ST-ZIP **DAVENPORT, FL 33837**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **ESWORTHY, CHARLES**  
STREET ADDRESS **5 E PALM STREET**  
CITY-ST-ZIP **DAVENPORT, FL 33837**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:**

*Pamela Rhodes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-11-05**

Date

**863-422-3134**

Daytime Phone #