


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

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90008 014 \*\*\*\*61.25

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| <b>DOCUMENT # N48663</b><br>1. Entity Name<br><b>CHRIST UNITED METHODIST CHURCH OF SANFORD, INC.</b>  |   |  |   |    |  |
| Principal Place of Business<br><b>408 TUCKER DR.<br/>SANFORD FL 32773</b>   |   |  | Mailing Address<br><b>408 TUCKER DR.<br/>SANFORD FL 32773</b>       |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   |  | 3. Mailing Address<br>Suite, Apt. #, etc.                           |   |  |
| City & State  |   |  | City & State  |   |  |
| Zip   |   | Country  |   | 4. FEI Number <b>59-3136700</b><br><input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |  |   | 6. Name and Address of Current Registered Agent<br><b>KAISER, PATRICIA J<br/>145 WOOD RIDGE TRAIL<br/>SANFORD FL 32771</b>  |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |  |   |   |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make Check Payable to<br/>Florida Department of State</b>  |  |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10               |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>C</b><br><b>SHEARER, ELLEN</b><br><b>603 BAYWOOD DRIVE</b><br><b>SANFORD FL 32773</b> <input type="checkbox"/> Delete      |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>T</b><br><b>CROCKER, LINDA J</b><br><b>290 SANDALWOOD CT.</b><br><b>FAIR PARK FL 32730</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <b>CROCKER, Linda J</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>1111 Pressley Drive</b><br><b>Deland, FL 32720</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>PD</b><br><b>SPRAGUE, PATRICIA</b><br><b>109 WAITS DR</b><br><b>SANFORD FL 32773</b> <input type="checkbox"/> Delete       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>SD</b><br><b>KAISER, PATRICIA</b><br><b>145 WOODRIDGE TRAIL</b><br><b>SANFORD FL 32771</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>CDP</b><br><b>LEWIS, DICK</b><br><b>920 PENFIELD COVE</b><br><b>SANFORD FL 32773</b> <input type="checkbox"/> Delete       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>CD</b><br><b>JOHNSON, HAZEL</b><br><b>407 TUCKER DR</b><br><b>SANFORD FL 32773</b> <input type="checkbox"/> Delete         |  | TITLE<br>NAME<br>STREET ADDRESS<br>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. |   |  |   |   |  |
| <b>SIGNATURE: Patricia J. Kaiser</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |  | <b>01-27-04 407-314-7798</b><br><small>Date Daytime Phone #</small> |   |  |