

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48663

FILED
Apr 05, 2005
Secretary of State

Entity Name: CHRIST UNITED METHODIST CHURCH OF SANFORD, INC.

Current Principal Place of Business:

408 TUCKER DR.
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

408 TUCKER DR.
SANFORD, FL 32773

New Mailing Address:

FEI Number: 59-3136700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAISER, PATRICIA J
145 WOOD RIDGE TRAIL
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: SHEARER, ELLEN
Address: 603 BAYWOOD DRIVE
City-St-Zip: SANFORD, FL 32773

Title: T () Delete
Name: CROCKER, LINDA J
Address: 1111 PRESSLY CIR
City-St-Zip: DELAND, FL 32720

Title: PD () Delete
Name: SPRAGUE, PATRICIA
Address: 109 WAITS DR
City-St-Zip: SANFORD, FL 32773

Title: SD () Delete
Name: KAISER, PATRICIA
Address: 145 WOODRIDGE TRAIL
City-St-Zip: SANFORD, FL 32771

Title: CDP () Delete
Name: LEWIS, DICK
Address: 920 PENFIELD COVE
City-St-Zip: SANFORD, FL 32773

Title: CD () Delete
Name: JOHNSON, HAZEL
Address: 407 TUCKER DR
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA J. KAISER

SD

04/05/2005

Electronic Signature of Signing Officer or Director

Date