


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

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000004458
 1. Entity Name
MONTVERDE UNITED METHODIST CHURCH, INC.



Principal Place of Business: **17015 PORTER AVE. MONTVERDE FL 34756**
 Mailing Address: **PO BOX 560608 MONTVERDE FL 34756-608 US**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country Zip Country

MOORE CR2E037 (11/03)
 4. FEI Number: **59-3274730** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MILES, WALTER E
17534 COUNTY RD. 455
MONTVERDE FL 34756

7. Name and Address of New Registered Agent
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004 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	
TITLE: PD NAME: MILES, WALTER E STREET ADDRESS: 17534 COUNTY RD. 455 CITY - ST - ZIP: MONTVERDE FL	<input type="checkbox"/> Delete
TITLE: D NAME: ADAMS, LINDA STREET ADDRESS: 20105 S BUCKHILL RD CITY - ST - ZIP: CLERMONT FL 34712	<input type="checkbox"/> Delete
TITLE: SD NAME: SEYBERT, CONNIE STREET ADDRESS: 17651 9TH STREET CITY - ST - ZIP: MONTVERDE FL 34756	<input type="checkbox"/> Delete
TITLE: TD NAME: ADAMS, JEAN V STREET ADDRESS: 20121 S BUCKHILL RD CITY - ST - ZIP: CLERMONT FL 34712-7783	<input type="checkbox"/> Delete
TITLE: VPD NAME: WILLIAMS, LINDA STREET ADDRESS: 12905 MARINER DR CITY - ST - ZIP: ASTATULA FL 34708-0451	<input type="checkbox"/> Delete
TITLE: D NAME: COX, LOUISE STREET ADDRESS: 9TH ST. CITY - ST - ZIP: MONTVERDE FL 34756	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *JEAN V. ADAMS* **JEAN V. ADAMS TREAS** Date: **2-23-04** Daytime Phone #: **352 394 3308**