

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90022 018 ****61.25

DOCUMENT # N95000001555

1. Entity Name
FIRST UNITED METHODIST CHURCH OF WAUCHULA, FLORIDA, INC.



Principal Place of Business
**207 NORTH 7TH AVENUE
 WAUCHULA, FL 33873**

Mailing Address
**207 NORTH 7TH AVENUE
 WAUCHULA, FL 33873**

34061483



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

07022004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0625634

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**STENSTROM, CARL H
 2220 U.S. HIGHWAY 17 SOUTH
 WAUCHULA, FL 33873**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 8, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALLAHAN, MARVIN 301 SOUTH 6TH AVENUE WAUCHULA, FL 33873 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STENSTROM, CARL H 2220 U.S. HIGHWAY 17 SOUTH WAUCHULA, FL 33873 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPEARS, IDA MARY 3060 COLLEGE HILL BOWLING GREEN, FL 33834 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERTS, RUTH 710 E BAY ST WAUCHULA, FL 33873 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETTEWAY, ROY L 2150 RAMON PETTEWAY ROAD ZOLFO SPRINGS, FL 33890 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: Ida Mary Spears **30 JUN 2004** **863-773-4267**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment B

54061483

#N95000001555

TO OPEN: FOLD AND TEAR ALONG DOTTED LINE, THEN PULL APART.



FLORIDA DEPARTMENT OF STATE
Secretary of State
Glenda E. Hood
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

First-Class Mail
U.S. Postage
PAID
State of Florida
84321

NOTICE OF INTENT TO DISSOLVE

0221248 01 AT 0.183 **AUTO** TO 0 1203 33873-260307



FIRST UNITED METHODIST CHURCH OF WAUCHULA,
FLORIDA, INC.
207 NORTH 7TH AVENUE
WAUCHULA FL 33873-2603

To receive the form by mail:

- Detach this postcard.
- Enter address to mail report to, if different from preprinted mailing address.
- Affix postage on reverse side and mail.
- Allow 10-14 business days to receive form.

Document # N95000001555

Mail Report to:

FIRST UNITED METHODIST CHURCH OF WAUCHULA,
FLORIDA, INC.
207 NORTH 7TH AVENUE
WAUCHULA FL 33873-2603

