

# 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07022004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**65-0625634**

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

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

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 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

TITLE PD  
NAME CALLAHAN, MARVIN  
STREET ADDRESS 301 SOUTH 6TH AVENUE  
CITY-ST-ZIP WAUCHULA, FL 33873 ☐ Delete

TITLE VPD  
NAME STENSTROM, CARL H  
STREET ADDRESS 2220 U.S. HIGHWAY 17 SOUTH  
CITY-ST-ZIP WAUCHULA, FL 33873 ☐ Delete

TITLE S  
NAME SPEARS, IDA MARY  
STREET ADDRESS 3060 COLLEGE HILL  
CITY-ST-ZIP BOWLING GREEN, FL 33834 ☐ Delete

TITLE T  
NAME ROBERTS, RUTH  
STREET ADDRESS 710 E BAY ST  
CITY-ST-ZIP WAUCHULA, FL 33873 ☐ Delete

TITLE D  
NAME PETTEWAY, ROY L  
STREET ADDRESS 2150 RAMON PETTEWAY ROAD  
CITY-ST-ZIP ZOLFO SPRINGS, FL 33890 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE D  
NAME JIM SAMPSON  
STREET ADDRESS 1237 LOUISIANA ST.  
CITY-ST-ZIP WAUCHULA, FL 33783 ☐ Change ☒ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**30 JUN 2004**

Date

**863-773-4267**

Daytime Phone #

Attachment

54061483

#N9500000555

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



CR2E095 4/04