


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90977 006 ****61.25

DOCUMENT # N95000002573			
1. Entity Name FIRST UNITED METHODIST CHURCH OF MAYO, INC.			
Principal Place of Business MAYO FIRST U M CHURCH P O BOX 433 MAYO, FL 32066		Mailing Address MAYO FIRST U M CHURCH P O BOX 433 MAYO, FL 32066	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		03252005 Chg-NP CR2E037 (10/03)	
		4. FEI Number 59-2166635	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCMILLAN, LEENETTE W CORNER OF CRAWFORD AND MONROE ST MAYO, FL 32066		Name: <u>Dennis L. Nabholz</u> Street Address (P.O. Box Number is Not Acceptable) <u>16562 198th Trace</u> City: <u>O'Brien</u> FL Zip Code: <u>32071</u>	
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: <u>Dennis L. Nabholz</u>		Dennis L. Nabholz 4-27-05	
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 May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, JEAN	NAME	
STREET ADDRESS	RT #3 HWY #27	STREET ADDRESS	
CITY-ST-ZIP	MAYO, FL 32066	CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMILLAN, WILLIAM R	NAME	
STREET ADDRESS	RT 3, BOX 78	STREET ADDRESS	
CITY-ST-ZIP	MAYO, FL 32066	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, RICHARD	NAME	
STREET ADDRESS	12485 RD 349	STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK, FL 32060	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRINGTON, JIMMY	NAME	
STREET ADDRESS	PO BOX 424	STREET ADDRESS	
CITY-ST-ZIP	MAYO, FL 32066	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONYON, LOUISE	NAME	
STREET ADDRESS	173 NW POLK PATH	STREET ADDRESS	
CITY-ST-ZIP	MAYO, FL 32066	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARBY, CHARLES	NAME	
STREET ADDRESS	RT # 1 BOX 578	STREET ADDRESS	
CITY-ST-ZIP	BRANFORD, FL 32008	CITY-ST-ZIP	
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: <u>William R. McMillan</u>		William R. McMillan 4-28-05	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	