


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-12-2004 90331 020 ****61.25

| | |
|--|---|
| DOCUMENT # N97000006147 1. Entity Name COMMUNITY UNITED METHODIST CHURCH OF LAKE COMO, INC. |  |
|--|---|

| | |
|--|---|
| Principal Place of Business 126 HIGHLAND AVE LAKE COMO, FL 32157 | Mailing Address PO BOX 330 LAKE COMO, FL 32157-0330 |
|--|---|

DO NOT WRITE IN THIS SPACE



03052004 No Chg-NP CR2E037 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3248364 | 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

KNOPP, VIRGLE
 PO BOX 788
 437 LAKE COMO DR
 LAKE COMO, FL 32157

DO NOT WRITE IN THIS SPACE

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: VIRGLE KNOPP Virgle Knopp *Chairperson* Trustee 4/2/04
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FLORIO, CHRIS PO BOX 193 LAKE COMO, FL 321570193 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KNOPP, VIRGLE PO BOX 188 LAKE COMO, FL 32157 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WILLIAMS, RUBY RT 1, BOX 552 CRESCENT CITY, FL 32112 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD TAYLOR, RUTH PO BOX 433 LAKE COMO, FL 321570433 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GREER, VERNON P O BOX 216 LAKE COMO, FL 321570216 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STACK, DANNY PO BOX 54 LAKE COMO, FL 321570054 |

DO NOT WRITE IN THIS SPACE

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: VIRGLE KNOPP Virgle Knopp 4/2/04 386-649-8419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #