

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90057 046 ****70.00

DOCUMENT # N98000001242					
1. Entity Name RUSKIN UNITED METHODIST CHURCH, INC.					
Principal Place of Business 105 FOURTH STREET NW RUSKIN, FL			Mailing Address PO BOX 745 RUSKIN, FL 33570		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-0994487				Applied For <input type="checkbox"/> 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		
ADAMS, ROBERT 214 6TH AVE SW RUSKIN, FL 33570			Name <u>Swaney, Larry</u> Street Address (P.O. Box Number is Not Acceptable) <u>504A FALKIRK COURT # 105</u> City <u>Sun City Center</u> FL Zip Code <u>33573</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>Larry Swaney</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE: <u>3/9/05</u>		<small>(NOTE: Registered Agent signature required when reinstating)</small>
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	C	<input checked="" type="checkbox"/> Delete	TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAMS, ROBERT		NAME	Swaney, Larry	
STREET ADDRESS	214 6TH AVE SW		STREET ADDRESS	504A FALKIRK COURT #105	
CITY-ST-ZIP	RUSKIN, FL 33570		CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	VC	<input checked="" type="checkbox"/> Delete	TITLE	VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOUGHTALING, DOOLEY		NAME	GEVFERT, CARL	
STREET ADDRESS	1601 STEPHENS RD.		STREET ADDRESS	13011 LINCOLN RD	
CITY-ST-ZIP	RUSKIN, FL 33570		CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAMS, LAURA		NAME	SPELLER, TINA	
STREET ADDRESS	214 6TH AVE., SW		STREET ADDRESS	6225-SOLITAIRE PALM WAY	
CITY-ST-ZIP	RUSKIN, FL 33570		CITY-ST-ZIP	APOLLO BEACH, FL 33572	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIDNEY, MUNRO		NAME	SICKELS, VERA	
STREET ADDRESS	704 W SHELLPOINT RD		STREET ADDRESS	534 S. DOMINO DR	
CITY-ST-ZIP	RUSKIN, FL 33570		CITY-ST-ZIP	RUSKIN FL 33570	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNISLEY, SHIRLEY		NAME	BLAIR, JACK	
STREET ADDRESS	104 MARTIN WAY		STREET ADDRESS	2411 STUDIO	
CITY-ST-ZIP	APOLLO BEACH, FL 33572		CITY-ST-ZIP	RUSKIN FL 33570	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTER, MARY		NAME	HUNTER, MARY	
STREET ADDRESS	117 GOLFVIEW WOODS DR		STREET ADDRESS	1117 GOLFVIEW WOODS DR	
CITY-ST-ZIP	RUSKIN, FL 33570		CITY-ST-ZIP	RUSKIN FL 33570	
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>Larry Swaney</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <u>3/9/05</u>		DAYTIME PHONE: <u>(813) 633-7630</u>