


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N17686 1. Entity Name FIRST UNITED METHODIST CHURCH OF PUNTA GORDA, INC.	
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Principal Place of Business 507 W. MARION AVENUE PUNTA GORDA, FL 33950	Mailing Address 507 W. MARION AVENUE PUNTA GORDA, FL 33950
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04222004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1293904	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 ADAMS, STEVE 4032 MALTESE COURT PUNTA GORDA, FL 33950
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<p>DO NOT WRITE IN THIS SPACE</p>
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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 _____ (NOTE: Registered Agent signature required when reinstating) 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	T HELPHENSTINE, JOANN 5570 RIVERSIDE DRIE PUNTA GORDA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ORAVEC, GERALD 260 BELVEDERE CT PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ADAMS, STEVE 4032 MALTESE PUNTA GORDA, FL 33950
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<p>UN00000135152 04/28/04-80048-017 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: Jo Ann P. Helphenstine - Treas. 4/22/04 941-769-3481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #