2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005
Secretary of State

DOCUMENT# 726404

Entity Name: FIRST UNITED METHODIST CHURCH OF HOMESTEAD, INC.

Current Principal Place of Business:

622 NORTH KROME AVENUE
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

622 NORTH KROME AVENUE
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 59-0816440 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LYNN, JOHN M
48 N.E. 15 STREET, SECOND FLOOR
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: PRATT, SUZANNE
Address: 1641 NW 13 AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: DS ( ) Delete
Name: LEWIS, EVELYN
Address: 391 NE 13 ST
City-St-Zip: HOMESTEAD, FL 33030

Title: DV ( ) Delete
Name: GOODMAN, ROBERT
Address: 10445 SW 293 TERRACE
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: GORDON, EARL
Address: 710 N.W. 20TH STREET
City-St-Zip: HOMESTEAD, FL 33030

Title: DS (X) Change ( ) Addition
Name: BARDSLEY, MARY CATHERINE
Address: 391 NE 13 ST
City-St-Zip: HOMESTEAD, FL 33030

Title: DV (X) Change ( ) Addition
Name: ROBERTSON, EMERY
Address: 890 N.W. 20TH STREET
City-St-Zip: HOMESTEAD, FL 33030

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EARL GORDON DP 01/26/2005

Electronic Signature of Signing Officer or Director — Date