


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90545 023 \*\*\*\*61.25

0075666

<b>DOCUMENT # 734149</b>	
1. Entity Name <b>GEORGIANA UNITED METHODIST CHURCH, INC.</b>	

Principal Place of Business <b>3925 S. TROPICAL TRAIL MERRITT ISLAND FL 32952 US</b>	Mailing Address <b>3925 S. TROPICAL TRAIL MERRITT ISLAND FL 32952 US</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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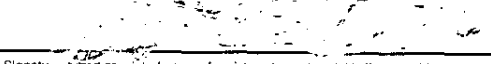


☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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<b>MOYNAHAN, JAY</b> <b>200 PARNELL STREET</b> <b>MERRITT ISLAND FL 32953</b>	Name <b>JAY MOYNAHAN</b>
	Street Address (P.O. Box Number is Not Acceptable)
	City <b>FL</b> Zip Code

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 	DATE
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<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ATKINSON, JOHN</b> <b>3925 WILD PINE</b> <b>MERRITT ISLAND FL 32952</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TC</b> <b>MOYNAHAN, JAY</b> <b>392 WATERSIDE DRIVE</b> <b>MERRITT ISLAND FL 32952</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HALL, STEVE</b> <b>4425 CROOKED MILE ROAD</b> <b>MERRITT ISLAND FL 32952</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TR</b> <b>THIRWELL, MARK</b> <b>AD55 OLD SETTLEMENT ROAD</b> <b>MERRITT ISLAND FL 32952</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCS</b> <b>OWENS, LESLIE</b> <b>1070 SHADY LANE</b> <b>MERRITT ISLAND FL 32952</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WILEY, WARREN</b> <b>4225 OVERHILL DRIVE</b> <b>MERRITT ISLAND FL 32952</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRUSTEE/SECRETARY</b> <b>MEBA RAMON</b> <b>1160 SAN JUAN DR.</b> <b>MERRITT ISLAND FL 32953</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRUSTEE</b> <b>JIM THURSTON</b> <b>3695 LINNEA ROAD</b> <b>MERRITT ISLAND FL 32952</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRUSTEE</b> <b>DAN REICHEL</b> <b>2285 BENT PINE ST.</b> <b>MERRITT ISLAND FL 32952</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRUSTEE</b> <b>DONNA DEAN</b> <b>3060 W. S. TROPICAL TRAIL</b> <b>MERRITT ISLAND FL 32952</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <b>JEAN STARKEY</b> <b>4200 S. TROPICAL TRAIL</b> <b>MERRITT ISLAND FL 32952</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRUSTEE</b> <b>STEVE CAVOILL</b> <b>2095 S. TROPICAL TRAIL</b> <b>MERRITT ISLAND FL 32952</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: 	24 April 2003 321-449-9501
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CR2E037 (10/02)