## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Feb 03, 2005 8:00 am Secretary of State **DOCUMENT #700153** 02-03-2005 90030 016 \*\*\*\*61.25 THE MANATEE UNITED METHODIST CHURCH, INC. OF BRADENTON, FLORIDA Principal Place of Business Mailing Address AUDITORA 315-15TH ST EAST 315-15TH ST EAST BRADENTON, FL 34208 BRADENTON, FL 34208 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-0782453 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NEAL LONG **GUTHRIE, VICTORIA-REV** 314 16TH ST E. Street Address (P.O. Box Number is Not Acceptable) BRADENTON, FL 34208 City Zip Code FL 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 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution Due by May 1, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ITTLE ☐ Delete MLE ☐ Change ☐ Addition COOKE, JIM NAME NAME STREET ADDRESS 1906 RIVERSIDE DR E STREET ADDRESS BRADENTON, FL 34208 CITY-ST-ZW CTTY-ST-702 III F ☐ Delete TITLE ☐ Change ■ Addition MIXON, WILLIAM MALKE NAME STREET ADDRESS 2515 26TH AVE. E STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34208 CITY-ST-ZIP TITLE ☐ Delete MIE ☐ Change ☐ Addition HARSHMAN; JOY HILL NAME STREET ADDRESS 3626 27TH ST E STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34208 CITY-ST-ZIP MILE Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MLE ☐ Delete IIILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP TILE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFI

**FILED**