2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701998

Entity Name: ALOMA UNITED METHODIST CHURCH, INC.

FILED Apr 08, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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ALOMA UNITED METHODIST CHURCH 3045 ALOMA AVENUE WINTER PARK, FL 32792

Current Mailing Address: New Mailing Address:

ALOMA UNITED METHODIST CHURCH 3045 ALOMA AVENUE WINTER PARK, FL 32792

FEI Number: 59-6046991 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MATHENEY, C. DONALD
7506 WAUNATTA CT.
WINTER PARK, FL 32792

MATHENEY, C. DONALD
970 ARRINGTON CIRCLE
OVIEDO, FL 32765

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: C. DONALD MATHENEY 04/08/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Address:

City-St-Zip:

4419 FORELAND PLACE

ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition HART, THOMAS Name: Name: 14956 FAVERSHAM CIR. Address: Address: City-St-Zip: ORLANDO, FL 32826 City-St-Zip: Title: () Delete Title: S/T (X) Change () Addition Name: BERTRAM, PAUL Name: BERTRAM, PAUL Address: 1461 FAIRWAY OAKS DR. Address: 1461 FAIRWAY OAKS DR. City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: CASSELBERRY, FL 32707 Title: () Delete Title: (X) Change () Addition FULLER, E. ALLEN Name: FULLER, E. ALLEN Name: 2762 PRINEE ROAD 8729 PINE BARRENS DRIVE Address: Address: City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: ORLANDO, FL 32817 Title: () Delete Title: () Change () Addition Name: TILBURY, KEVIN W Name: 311 N. RANGER BLVD. Address: Address: City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: Title: () Delete Title: (X) Change () Addition SCOTT, RANDY W STROUT, JOHN Name: Name: 4715 HALL RD. 1551 NOTTINGHAM DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32817 City-St-Zip: WINTER PARK, FL 32792 Title: () Delete Title: (X) Change () Addition SHAW, THERESA Y SHAW, THERESA Y Name: Name:

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.

Address:

City-St-Zip:

4419 FORELAND PLACE

ORLANDO, FL 32812

SIGNATURE: E. ALLEN FULLER P/T 04/08/2004