2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State
02-23-2004 90047 043 ****61.25

DOCUMENT # 702589

1. Entity Name
FIRST UNITED METHODIST CHURCH OF TITUSVILLE, INC.

Principal Place of Business	Mailing Address
FIRST UNITED METHODIST 206 S HOPKINS AV TITUSVILLE, FL 32796 US	FIRST UNITED METHODIST 206 S HOPKINS AV TITUSVILLE, FL 32796 US

01222004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1084415 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHN STEPHENS
459 GAUVA AVE.
TITUSVILLE, FL 32780

7. Name and Address of New Registered Agent

Name: Richard Cherry
Street Address (P.O. Box Number is Not Acceptable): 3064 Knox McRae Dr.
City: Titusville **FL** Zip Code: 32780

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 X _____ 2/16/04
Signature, typed or printed name of registered agent and title if applicable. (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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CHERRY, RICHARD 3064 KNOX MCREA DR. TITUSVILLE, FL 32780	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Robert Preston 2650 Hillcrest Ave. Titusville, FL 32796	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P STEPHENS, JOHN 459 GUAVA AVE TITUSVILLE, FL 32780	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Lois Queenr 3085 Saunders Pl. Titusville, FL 32780	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WILSON, RICHARD 2925 JASMINE ST. TITUSVILLE, FL 32796	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Barbara Borman 2822 Dutton DR, Titusville, FL 32796	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MCLESTER, KELLEY 1430 CREST AVE TITUSVILLE, FL 32780	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WINN, JAMES 1120 SAND PINE CR. TITUSVILLE, FL 32796	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WILLIAM, KENNEDY 4240 TIWA LN TITUSVILLE, FL 32796	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: X _____ 2/16/04 269-7631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #