

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90059 031 ****61.25

DOCUMENT # 702589 1. Entity Name FIRST UNITED METHODIST CHURCH OF TITUSVILLE, INC.					
Principal Place of Business FIRST UNITED METHODIST 206 S HOPKINS AV TITUSVILLE, FL 32796 US			Mailing Address FIRST UNITED METHODIST 206 S HOPKINS AV TITUSVILLE, FL 32796 US		
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	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHERRY, RICHARD 3064 KNOX MCRAE DR. TITUSVILLE, FL 32780			Name Lois Queen Street Address (P.O. Box Number is Not Acceptable) 3085 Saunders Place 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 <u>Lois B. Queen</u> Lois Queen January 31, 2005 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		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 PRESTON, ROBERT 2650 HILLCREST AVE. TITUSVILLE, FL 32796	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP John Stephens 459 Guava Ave Titusville, FL 32796	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S QUEEN, LOIS 3085 SAUNDERS PL. TITUSVILLE, FL 32780	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Barbara Borman 2822 Dutton Dr Titusville, FL 32796	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BORMAN, BARBARA 2822 DUTTON DR. TITUSVILLE, FL 32796	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MR. Richard Wilson 2925 Jasmine ST 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	T MR FRANK Kennedy 2950 Rembrooke Rd. Titusville, FL 32796	☐ 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	T MR BO PATERSON 3442 Trevino Circle Titusville, FL 32780	☐ 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: <u>Carol DeWitte</u> CAROL DEWITTE 2/7/05 321-269-7631 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					