2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90436 010 ****61.25

DOCUMENT # 703285

1. Entity Name
CASON UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
342 NORTH SWINTON AVE. DELRAY BEACH, FL 33444	342 NORTH SWINTON AVE. DELRAY BEACH, FL 33444

04272005 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 59-6031865 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WRIGHT, MORGAN J 9371 LONGMEADOW CIRCLE BOYNTON BEACH, FL 33436	Name Charles R. Blose Street Address (P.O. Box Number is Not Acceptable) 342 N. Swinton Ave. City Delray Beach FL Zip Code 33444

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 Charles R. Blose Charles R. Blose - Treasurer 4/28/2005
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, 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	PT SMITH, JEFF 342 N. SWINTON AVE. DELRAY BEACH, FL 33444	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Barbara Wooden 342 N. Swinton Ave. Delray Beach, FL 33444	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MCDONOUGH, WILLIAM 342 N SWINTON AVE. DELRAY BEACH, FL 33444	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST Elmer Hobbs 342 N. Swinton Ave. Delray Beach, FL 33444	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TUCCILLO, SUSAN 342 N. SWINTON AVE. DELRAY BEACH, FL 33444	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Charles R. Blose 342 N. Swinton Ave. Delray Beach, FL 33444	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ADAMS, JAMES 342 N. SWINTON AVE. DELRAY BEACH, FL 33444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: James Adams 4/28/05 561-732-7815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #