2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State
04-28-2004 90167 042 ****61.25

DOCUMENT # 703537

1. Entity Name
FIRST UNITED METHODIST CHURCH OF PORT ORANGE, INC.

Principal Place of Business	Mailing Address
305 DUNLAWTON AVE. PORT ORANGE, FL 32127-4457	305 DUNLAWTON AVE. PORT ORANGE, FL 32127-4457

66423646

04222004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-0974343
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PADGETT, GLENN R.
10 AVIATOR WAY
ORMOND BCH, FL 32174

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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 _____ DATE
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, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	CARR, CARL
STREET ADDRESS	920 4TH ST.
CITY-ST-ZIP	PORT ORANGE, FL 321193212
TITLE	T
NAME	TOLLEY, AL
STREET ADDRESS	3766 LONG GROVE LANE
CITY-ST-ZIP	PORT ORANGE, FL 321298610
TITLE	T
NAME	SHOLTES, FRANK
STREET ADDRESS	6227 CRANBERRY DRIVE
CITY-ST-ZIP	PORT ORANGE, FL 321279548
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Albert K. Tolley 5/17/04 386-671-5111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #