2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90452 030 ****61.25

DOCUMENT # 703802

1. Entity Name
CONWAY UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
3401 SOUTH CONWAY ROAD ORLANDO, FL 32812-4699	3401 SOUTH CONWAY ROAD ORLANDO, FL 32812-4699

01262004 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 59-1146126 ☐ 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
WAYNE, HUDSON 3556 COUNTRY LAKES DRIVE ORLANDO, FL 32812	Name: Mr. David Ford Street Address (P.O. Box Number is Not Acceptable): 4114 Pecan Lane Orlando FL 32812 City: Orlando FL Zip Code: 32812

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 _____
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	PD HUDSON, WAYNE 3556 COUNTRY LAKES DR ORLANDO, FL 32812	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD David Ford 4114 Pecan Lane Orlando FL32812 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WALDEN, BETTY 2316 CRYSTAL LK.DRIVE ORLANDO, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FROST, BOB 137 MERCADO AVE. ORLANDO, FL 32807	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Doris Fry 4005 Kasper Dr Orlando, FL 32806 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MICHAELANN, SUTYAK 3025 ;ES;OE DR/ ORLANDO, FL 32806	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST Carolyn Gardner 3719 Holston Way Orlando FL 32812 ☐ 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: David Ford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #