2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # 703808



FILED May 02, 2005 8:00 am Secretary of State

1. Entity Name FIRST UNITED METHODIST CHURCH OF ORLANDO, INC.								03	5-02-2005 9	90569 02	3 ****7().00
142 E JACKSON ST 142				illing Address 42 E JACKSON ST RLANDO, FL 32801								
2. Principal Place of Business 3. Ma			Mailing Address									
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				01202005 CI	hg-NP	CR2E03	7 (10/03)	
City & State			Cit	City & State				4. FEI Number 59-072554	-2			ptied For it Applicable
Zip	Zip Country		Zip			intry	5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent								7. Name and Add	ress of New R	egistered A	gent	
SAUNDERS, MICHAEL J					i	Name						
142 E. JACKSON ST. ORLANDO, FL 32801						Street Address (P.O. Box Number is Not Acceptable)						
					City					EI	Zip Cod	9
The above named entity submits this statement for the purpose of changing its registers					ad office or s	F∟∣						
the obligat	ions of regist	ered agent.	ior the purp	osc of changing its	, o Bracore	30 OIIICB OI	ogister	ed agenit, or point, in	the State Of Fig.	inua. Tainte	armaar veitir,	and accept
SIGNATURE .												
0.0.0.0.0.0.0.	Signature, typed	or printed name of registered age	nt and title if app	licable. (NOTE	: Registere	d Agent signature	e required:	when reinstating)		DATE		
		e is \$61.25 lay 1, 2005		9. Election Carr Trust Fund C				\$5.00 May Be Added to Fees		ake check ida Depart		
10.	Due by M		DIRECTORS	Trust Fund C	ontributi	ion.	J 		Flori	ida Depart	ment of SI	ate
TITLE	Due by M	OFFICERS AND D	DIRECTORS		11.	ion. [SD	Added to Fees	Flori	ida Depart	ment of SI	ate
	Due by M D BECHT, B	OFFICERS AND DE	DIRECTORS	Trust Fund C	11.	ion.	SD Bed	Added to Fees DDITIONS/CHANG cht, Beth	Flori ES TO OFFICEI	ida Depart	ment of SI	ate
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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 arcaddress, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-849-6080

Daytime Phone #