


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 706528

1. Entity Name
CHRIST COMMUNITY UNITED METHODIST CHURCH, INC.



Principal Place of Business
**27000 SUNNYBROOK ROAD
 PUNTA GORDA, FL 33983**

Mailing Address
**27000 SUNNYBROOK ROAD
 PUNTA GORDA, FL 33983**

DO NOT WRITE IN THIS SPACE



07102004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2562346 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

3540
**KOZOMAN, ROBERT L.
 2517 PEACE RIVER DRIVE
 PUNTA GORDA, FL 33983**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**Filing Fee is \$61.25
 Due by September 8, 2004**

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

100000167396
 07/20/04-80002-018 61 25

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	NEWMAN, BARBARA
STREET ADDRESS	2240 HARBOUR DR
CITY-ST-ZIP	PUNTA GORDA, FL 33983
TITLE	D
NAME	GRAHAM, MILLICENT
STREET ADDRESS	27264 SAN MARINO DR
CITY-ST-ZIP	PUNTA GORDA, FL
TITLE	VP
NAME	NEWMAN, RICHARD
STREET ADDRESS	2240 HARBOUR DR.
CITY-ST-ZIP	PUNTA GORDA, FL 33983
TITLE	VP
NAME	GOODHUE, DAVID
STREET ADDRESS	26546 TRINILAS DR.
CITY-ST-ZIP	PUNTA GORDA, FL 33980
TITLE	D
NAME	KOZOMAN, CARROLL
STREET ADDRESS	3547 PEACE RIVER DR.
CITY-ST-ZIP	PUNTA GORDA, FL 339833548
TITLE	PD
NAME	KOZOMAN, ROBERT L.
STREET ADDRESS	3517 PEACE RIVER DR
CITY-ST-ZIP	PUNTA GORDA, FL 339833548

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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: Robert L Kozoman **7/10/2004** **9416271576**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #