2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707476

FILED Apr 30, 2005 Secretary of State

Entity Name: THE FIRST UNITED METHODIST CHURCH OF DUNEDIN, INC.

Current Principal Place of Business: New Principal Place of Business: 421 MAIN ST. DUNEDIN, FL 34698 **Current Mailing Address: New Mailing Address:** 421 MAIN ST. DUNEDIN, FL 34698 FEI Number: 59-0725536 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TORNGA, JOHN 1901 SADDLE HILL RD N. DUNEDIN, FL 34698 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete HAYES, MICHAEL NORTHRUP, PETER Name: Name: 2999 LANDING WAY Address: 765 KIRKLAND CIRCLE Address: City-St-Zip: PALM HARBOR, FL 34684 City-St-Zip: DUNEDIN, FL 34698 Title: Title: () Delete () Change () Addition Name: KING, GLENN Name: Address: 412 BELTREES ST. Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: Title: () Delete Title: (X) Change () Addition JORDAN, RALPH Name: DAVIS, WILL Name: 1996 ORANGE CT 1998 BRAE MOOR DRIVE Address: Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: DUNEDIN, FL 34698 Title: TS () Delete Title: () Change () Addition Name: CROASMUN, DORIS Name: 1401 PINEHURST RD. #14H Address: Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: Title: () Delete Title: () Change () Addition DUTTON, WALLY Name: Name: 239 FLORIDA AVE. Address: Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: Title: () Delete Title: () Change () Addition HART. WILLIAM Name: Name: Address: 2340 ST. CHARLES DRIVE Address: CLEARWATER, FL 33764 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAMONA L. RAY MRS. 04/30/2005