


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90028 032 ****70.00

DOCUMENT # 707796 1. Entity Name ONECO UNITED METHODIST CHURCH, INC.							
Principal Place of Business 2112 53RD AVENUE E BRADENTON, FL 34203			Mailing Address P.O. BOX 908 ONECO, FL 34264				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	01112005 Chg-NP CR2E037 (10/03) 4. FEI Number 70-7706640 <i>SA-1857122</i> <table border="1" style="float: right; margin-left: 10px;"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
SCHUBERT, HAROLD 5316 53RD AVENUE E. WESTWINDS MHP N-8 BRADENTON, FL 34203			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D SCOTT, RUDY 6031 HOPKINS DR N BRADENTON, FL 34207	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBARA CLINE 7015 VERA BETHANY RD MYAKKA CITY, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRANFORD, BOBBY 1109 MAGELLAN DR. SARASOTA, FL 34243	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LLOYD WOLFE 508 44TH AVE # B-24 BRADENTON, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILES, CLINTON 2888 48TH WAY E BRADENTON, FL 34203	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, MARY 5316 53RD AVE., E. W.WINDS L-10 BRADENTON, FL 34203	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHUBERT, HAROLD 5316 53RD AVE E, N-8 BRADENTON, FL 34203	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORTON, CALVIN 2123 37TH AVE E BRADENTON, FL 34208	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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: <i>HAROLD SCHUBERT</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>01-19-05</i> Daytime Phone # <i>(941) 756-9695</i>				