


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90046 046 \*\*\*\*61.25

<b>DOCUMENT # 707941</b> 1. Entity Name <b>THE FIRST UNITED METHODIST CHURCH OF NICEVILLE, FLORIDA, INC.</b>					
Principal Place of Business <b>214 PARTIN DRIVE NICEVILLE, FL 32578</b>			Mailing Address <b>P.O. BOX 278 NICEVILLE, FL 32588 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>WRIGHT, MARY R 214 SOUTH PARTIN DRIVE NICEVILLE, FL 32578</b>				<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MACON, JOHN</b> <input checked="" type="checkbox"/> Delete <b>2849 EDGEWATER DRIVE</b> <b>NICEVILLE, FL 32578</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>William S. Angelos</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1200 N. Lakeshore Dr.</b> <b>Niceville FL 32578</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SPENCE, JERRY</b> <input type="checkbox"/> Delete <b>153 EDGE AVENUE</b> <b>VALPARAISO, FL 32580</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Ann Porter</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>409 Evans Rd</b> <b>Niceville FL 32578</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>FULTS, JIM</b> <input checked="" type="checkbox"/> Delete <b>2819 EDGEWATER DR</b> <b>NICEVILLE, FL 32578</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Cozy Drake</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1595 Ruckel Drive</b> <b>Niceville FL 32578</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARSHALL, JOHN T</b> <input checked="" type="checkbox"/> Delete <b>711 PUTTER DRIVE</b> <b>NICEVILLE, FL 32578</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DAVE Strunk</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>113 Baywind Drive</b> <b>Niceville FL 32578</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WEAVER, DAVID C</b> <input checked="" type="checkbox"/> Delete <b>1591 RUCKEL DR</b> <b>NICEVILLE, FL 32578</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Ron Tardif</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>404 Nathey St.</b> <b>Niceville FL 32578</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CROSSON, SUE ANNE</b> <input type="checkbox"/> Delete <b>359 SHARON DRIVE</b> <b>NICEVILLE, FL 32578</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Steve Hall</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>110 Sunset Cove</b> <b>Niceville FL 32578</b>	
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.					
<b>SIGNATURE:</b> <i>William S. Angelos</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>3-9-2004</b> <b>850 678 4411</b> <small>Date Daytime Phone #</small>		