

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707941

FILED
May 06, 2005
Secretary of State

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

Current Principal Place of Business:

214 PARTIN DRIVE SOUTH
NICEVILLE, FL 32578

New Principal Place of Business:

214 PARTIN DRIVE SOUTH
NICEVILLE, FL 32578 US

Current Mailing Address:

214 PARTIN DRIVE SOUTH
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 59-6495957 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WRIGHT, MARY R
214 SOUTH PARTIN DRIVE
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

PEARSON, BLANE
214 SOUTH PARTIN DRIVE
NICEVILLE, FL 32578 US

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: BLANE PEARSON

05/06/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANGELOS, WILLIAM S
Address: 1200 N. LAKE SHORE DR.
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: SPENCE, JERRY
Address: 153 EDGE AVENUE
City-St-Zip: VALPARAISO, FL 32580

Title: D (X) Delete
Name: DRAKE, COZY
Address: 1595 RUCKEL DR.
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: STRUNK, DAVE
Address: 113 BAYWIND DR.
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: TARDIF, RON
Address: 404 NATHEY ST.
City-St-Zip: NICEVILLE, FL 32578

Title: D (X) Delete
Name: CROSSON, SUE ANNE
Address: 359 SHARON DRIVE
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ANGELOS, WILLIAM S
Address: 1200 N. LAKE SHORE DR.
City-St-Zip: NICEVILLE, FL 32578

Title: PD (X) Change () Addition
Name: SPENCE, JERRY
Address: 153 EDGE AVENUE
City-St-Zip: VALPARAISO, FL 32580

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JERRY SPENCE

PD

05/06/2005

Electronic Signature of Signing Officer or Director

Date