.2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: OZELL RANDOLPH, DIRECTOR CHAIR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

Mar 08, 2005 8:00 am Secretary of State DOCUMENT # 709019 03-08-2005 90168 008 ****61 25 ROCKLEDGE UNITED METHODIST CHURCH, INC. Principal Place of Business Mailing Address 1935 S FISKE BLVD ROCKLEDGE FL 32955 1935 S FISKE BLVD ROCKLEDGE FL 32955 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 59-1091311 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RANDOLPH, OZELL Street Address (P.O. Box Number is Not Acceptable) 971 BEECHFERN LN ROCKLEDGE FL 32955 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 SIGNATURE OZELL RANDOLPH, DIRECTOR CHAIR Signature, typed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 DC ☐ Delete TITLE ☐ Change Addition TATLE RANDOLPH, OZELL DWAYNE HAWKINS NAME NAME 971 BEECHFERN LN STREET ADDRESS STREET ADDRESS 4070 TURKEY POINT DR. ROCKLEDGE FL CITY-ST-7IP CITY-ST-7IP MELBOURNE, FL 32934 Change X Addition THUE X Delete TITLE CLOW, BOB NAME MAME CATHERINE KIRK 1447 S JENNINGS LANE STREET ADDRESS STREET ADDRESS 124 ORANGE AVE. ROCKLEDGE, FL 32955 ROCKLEDGE FL 32955 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete LLOYD RHYNE COX, BENJI NAME NAME 1281 ROYAL BIRKDALE CIR. 2959 MATTHEW DRIVE STREET ADDRESS STREET ADDRESS ROCKLEDGE, FL 32955 **ROCKLEDGE FL 32955** CITY-ST-ZIP CITY - ST - 7IP X Delete **Addition** TITLE ☐ Change TITLE WALDRON, BILL RICHARD SANSING NAME NAME 885 SPIREA DR. 1808 LIVE OAK DRIVE NORTH STREET ADDRESS STREET ADDRESS 32955 ROCKLEDGE, FL **ROCKLEDGE FL 32955** CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change WRIGHT, GARY BILL SKIDMORE NAME NAME 1330 DEER TRAIL ROCKLEDGE, FL 32955 8221 BERKSHIRE DR. STREET ADDRESS STREET ADDRESS **ROCKLEDGE FL 32955** CITY-ST-ZIP CITY-ST-ZIP Addition Addition ☐ Delete TITLE LANGNAU, ANN SHARON WILBURN NAME 1237 ST. ANDREWS DE 1397 PHEASANT RUN STREET ADDRESS STREET ADDRESS ROCKLEDGE, FL ROCKLEDGE FL 32955 CITY-ST-ZIP 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 Chaptel 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

FILED

(321) 632-7387

Daytime Phone #