


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90021 015 \*\*\*\*61.25

<b>DOCUMENT # 709029</b> 1. Entity Name FRIENDSHIP UNITED METHODIST CHURCH, INC.					
Principal Place of Business 12275 PARAMOUNT DR. PUNTA GORDA, FL 33955			Mailing Address PO BOX 511317 PUNTA GORDA, FL 33951 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1863262	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANGUEIRA, BENTON 439 SCARLET SAGE PUNTA GORDA, FL 33955				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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: <i>Benton M. Manguera</i> <u>Benton M. Manguera</u> <u>1-18-04</u> <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, 2004			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 BECK, WILLIAM 15362 MAPLE TREE PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORIS BEVERLIN 3350 Corrine Ave Port Charlotte FL 33980
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, BEN 6400 TAYLOR RD #29 PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D June Adams 6400 Taylor Rd #180 Punta Gorda FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ETHERIDGE, GAIL 27380 SENATOR DRIVE PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ruth Harbison 10202 Arrowhead Dr Punta Gorda FL 33955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC KUHN, DAVID 6400 TAYLOR RD #215 PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINSMAN, ANN 3250 SULTONE DRIVE PUNTA GORDA, FL 33983	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUZZELL, BOB 10303 BYRANT STORE RD. #63 PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Doris Beverlin</i> <u>DORIS BEVERLIN</u> <u>1/18/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

54000035



01062004 Chg-NP CR2E037 (10/03)

Applied For

Not Applicable

FL

Zip Code