


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 709350
 1. Entity Name
FIRST UNITED METHODIST CHURCH OF PAHOKEE, INC.



Principal Place of Business
FIRST UNITED METHODIST CHURCH, INC
491 E MAIN ST
PAHOKEE, FL 33476 US

Mailing Address
FIRST UNITED METHODIST CHURCH, INC
491 E MAIN ST
PAHOKEE, FL 33476 US



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01142005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1280911 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SASSER, FAITH
1548 EAST MAIN STREET
PAHOKEE, FL 33476

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	CD <input type="checkbox"/> Delete
NAME	SIMONSON, DAVID
STREET ADDRESS	1081 BACOM POINT ROAD
CITY-ST-ZIP	PAHOKEE, FL 33476
TITLE	D <input type="checkbox"/> Delete
NAME	MOSS, LYNDA H
STREET ADDRESS	2827 BACOM POINT ROAD
CITY-ST-ZIP	PAHOKEE, FL 33476
TITLE	S <input type="checkbox"/> Delete
NAME	JARRIEL, SANDRA L
STREET ADDRESS	540 BACOM POINT ROAD
CITY-ST-ZIP	PAHOKEE, FL 33476
TITLE	D <input type="checkbox"/> Delete
NAME	KELLY, AMY
STREET ADDRESS	2176 EAST MAIN STREET
CITY-ST-ZIP	PAHOKEE, FL 33476
TITLE	D <input type="checkbox"/> Delete
NAME	BRANCH, HUGH
STREET ADDRESS	2801 BACOM POINT ROAD
CITY-ST-ZIP	PAHOKEE, FL 33476
TITLE	TD <input type="checkbox"/> Delete
NAME	SASSER, FAITH
STREET ADDRESS	1548 EAST MAIN ST.
CITY-ST-ZIP	PAHOKEE, FL 33476

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1100000310674
CITY-ST-ZIP	04/18/05-80014-006 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Faith Sasser **4/13/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #