

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2004 8:00 am
Secretary of State

03-17-2004 90040 043 ****61.25

DOCUMENT # 709597
 1. Entity Name
THE FIRST METHODIST CHURCH OF FORT MEADE, INC.



Principal Place of Business Mailing Address
135 E BROADWAY FORT MEADE FL 33841 US **135 E BROADWAY FORT MEADE FL 33841 US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

00400101



MOORE CR2E037 (11/03)

4. FEI Number **59-1090882** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MANLEY, ROBERT L
201 FIRST STREET NORTH EAST
FORT MEADE FL 33841

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 admits 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 *Robert L Manley* DATE **3/2/04**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 NAME STREET ADDRESS CITY-ST-ZIP	D BELL, PAUL 706 NE FOURTH STREET FT MEADE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUNNALLEE, JAMES, TRUSTEE <input type="checkbox"/> Delete 300 NE 3RD ST FORT MEADE FL 33841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUENTHER, DENNIS, TRUSTEE <input type="checkbox"/> Delete 610 NASHUA FORT MEADE FL 33841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WARBURTON, ELFRIEDE B <input checked="" type="checkbox"/> Delete 2597 N. BROOKE RD FORT MEADE FL 33841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARNETT, TINA, TREASURER <input type="checkbox"/> Delete 2711 US HWY 98 EAST FT. MEADE FL 33841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNEAD, BOB <input checked="" type="checkbox"/> Delete 509 N CLEVELAND AVE. FORT MEADE FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WAYNE GUNTER, TRUSTEE CHAIRMAN 400 N. OAK FT. MEADE, FL 33841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PAT JANCIL, SECRETARY 18 N. PERRY FT. MEADE, FL 33841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JUNIOR COLLINS, TRUSTEE 525 E. BROADWAY FT. MEADE, FL 33841

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: *Carla Wayne Smith* DATE: **3-15-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #