

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

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90086 039 ****61.25

DOCUMENT # 710190

1. Entity Name

THE FIRST UNITED METHODIST CHURCH OF DOVER, INC.



Principal Place of Business

Mailing Address

**MOORES LAKE RD AND METHODIST CHURCH R
3310 MOORES LAKE RD.
DOVER FL 33527**

**MOORES LAKE RD AND METHODIST CHURCH R
P O BOX 14
DOVER FL 33527
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2876019

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GALE, DAVID
3422 DOUBLE JACK PLACE
DOVER FL 33527**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: 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	T	<input type="checkbox"/> Delete
NAME	PLAYER, LORI J	
STREET ADDRESS	810 TANNER RD.	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SWEAT, NELL	
STREET ADDRESS	3240 WHEELER ST	
CITY-ST-ZIP	DOVER FL 33527	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SEWELL, MARTY	
STREET ADDRESS	2565 AL SIMMONS RD	
CITY-ST-ZIP	DOVER FL 33527	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GRANT, DAVID	
STREET ADDRESS	1911 JAUDON RD.	
CITY-ST-ZIP	DOVER FL 33527	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALE, DAVID	
STREET ADDRESS	3422 DOUBLE JACK PL	
CITY-ST-ZIP	DOVER FL 33527	
TITLE	T	<input type="checkbox"/> Delete
NAME	MACDONALD, WILLIAM	
STREET ADDRESS	PO BOX 446 N/A	
CITY-ST-ZIP	VALRICO FL 33595	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETTY SUMNER	
STREET ADDRESS	5628 PINE ST	
CITY-ST-ZIP	JEFFERSON FL 33584	
TITLE	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARVIN HAMMONTREE	
STREET ADDRESS	1524 EMERALD HILL WAY	
CITY-ST-ZIP	VALRICO FL 33594	
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: Dave Gale DAVE GALE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-05 813 659-1109

Date Daytime Phone #