

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-21-2005 90091 002 ****61.25

DOCUMENT # 710309
 1. Entity Name
FIRST UNITED METHODIST CHURCH OF BUSHNELL, INC.



Principal Place of Business
**221 W. NOBLE AVE
 BUSHNELL, FL 33513**

Mailing Address
**221 W. NOBLE AVE
 BUSHNELL, FL 33513**

20022899



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State.

City & State

01072005 Chg-NP CR2E037 (10/03)

Zip

Country

Zip

Country

4. FEI Number
APPLIED FOR 59-2341201

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

BRYAN, THOMAS
1973 CR 738
WEBSTER, FL 33597

Name
John Israel

Street Address (P.O. Box Number is Not Acceptable)
3752 Westwood Loop

City
Leesburg FL Zip Code
34748

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 *John L. Israel*

3/15/05

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

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BRYAN, THOMAS	
STREET ADDRESS	1973 CR 738	
CITY-ST-ZIP	WEBSTER, FL 33597	
TITLE	V	<input type="checkbox"/> Delete
NAME	PETERSON, THOMAS	
STREET ADDRESS	6668 CR 625	
CITY-ST-ZIP	BUSHNELL, FL 33513	
TITLE	T	<input type="checkbox"/> Delete
NAME	COOK, SUE	
STREET ADDRESS	9607 SW 20TH WAY	
CITY-ST-ZIP	BUSHNELL, FL 33513	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIDEONS, TERRY	
STREET ADDRESS	902 E HIGHWAY 476	
CITY-ST-ZIP	BUSHNELL, FL 33513	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WADE, GLENN	
STREET ADDRESS	5102 CR 434	
CITY-ST-ZIP	BUSHNELL, FL 33513	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio
NAME	Israel, John	
STREET ADDRESS	3752 Westwood Loop	
CITY-ST-ZIP	Leesburg, FL 34748	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio
NAME	Bryan, Thomas	
STREET ADDRESS	1973 CR 738	
CITY-ST-ZIP	Webster, FL 33597	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio
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.