

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711227

FILED
Jan 05, 2004
Secretary of State

Entity Name: THE FLORIDA UNITED METHODIST FOUNDATION, INC.

Current Principal Place of Business:

1140 E. MCDONALD STREET
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

PO BOX 3767
LAKELAND, FL 33802 US

New Mailing Address:

FEI Number: 59-1148710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANSTON, THOMAS W
1140 E. MCDONALD STREET
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARSTON, THOMAS W
Address: 119 CHRISTINA BLVD
City-St-Zip: LAKELAND, FL 33813

Title: T () Delete
Name: HICKS, PAMELA W
Address: 4958 FOX RUN LANE
City-St-Zip: LAKELAND, FL 33813

Title: DCP () Delete
Name: DOYLE, PERRY T
Address: 4240 MARIANA COURT
City-St-Zip: CORTEZ, FL 34215

Title: DVC () Delete
Name: INMAN, JACK C
Address: 520 VIRGINIA DR
City-St-Zip: WINTER PARK, FL 32789

Title: SD () Delete
Name: POOL, LYNN
Address: 2247-6 COACH HOUSE BLVD
City-St-Zip: ORLANDO, FL 33812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA W. HICKS

T

01/05/2004

Electronic Signature of Signing Officer or Director

Date