



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

FILED

Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 711264						 MOORE CR2E037 (11/03)			
1. Entity Name FLORIDA CITY METHODIST CHURCH, INC.									
Principal Place of Business 145 S.W. 5 AVENUE FLORIDA CITY FL 33034		Mailing Address P.O BOX 343235 FLORIDA CITY FL 33034 US							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State		4. FEI Number 59-6197614					
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
				Applied For Not Applicable					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CHANDLER, JAMES L 19325 S.W. 344 STREET HOMESTEAD FL 33034				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>									
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D CHANDLER, JAMES <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	19325 S.W. 344 STREET			NAME	1100000027835				
STREET ADDRESS	HOMESTEAD FL			STREET ADDRESS	02/04/04-80001-013 61.25				
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE	D DEMPSEY, BARBARA <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	829 SW 2ND STREET			NAME					
STREET ADDRESS	FLORIDA CITY FL 33034			STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE	D AMERICK, LORRAINE <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	35303 SW 180 AVE. LOT 339			NAME					
STREET ADDRESS	FLORIDA CITY FL 33034			STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE	D DEMPSEY, RONNIE C <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	553 SW 6TH ST.			NAME					
STREET ADDRESS	FLORIDA CITY FL 33034			STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				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)(f), 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: *James L. Chandler* James L. Chandler / 29/04 305-247-1910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR