

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 12, 2005
Secretary of State

DOCUMENT# 711264

Entity Name: FLORIDA CITY METHODIST CHURCH, INC.**Current Principal Place of Business:**145 S.W. 5 AVENUE
FLORIDA CITY, FL 33034**New Principal Place of Business:****Current Mailing Address:**P.O BOX 343235
FLORIDA CITY, FL 33034 US**New Mailing Address:****FEI Number:** 59-6197614**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CHANDLER, JAMES L
19325 S.W. 344 STREET
HOMESTEAD, FL 33034 US**Name and Address of New Registered Agent:**TORRES, RAYMUNDO
145 S.W. 5 AVE
FLORIDA CITY, FL 33034 US

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: RAYMUNDO TORRES

09/12/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHANDLER, JAMES
Address: 19325 S.W. 344 STREET
City-St-Zip: HOMESTEAD, FL

Title: D () Delete
Name: DEMPSEY, BARBARA
Address: 829 SW 2ND STREET
City-St-Zip: FLORIDA CITY, FL 33034

Title: D () Delete
Name: AMERICK, LORRAINE
Address: 35303 SW 180 AVE. LOT 339
City-St-Zip: FLORIDA CITY, FL 33034

Title: D (X) Delete
Name: DEMPSEY, RONNIE C
Address: 553 SW 6TH ST.
City-St-Zip: FLORIDA CITY, FL 33034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change () Addition
Name: TORRES, RAYMUNDO
Address: 145 S.W. 5 AVE
City-St-Zip: FLORIDA CITY, FL 33034

Title: MS. (X) Change () Addition
Name: DEMPSEY, BARBARA
Address: 829 SW 2ND STREET
City-St-Zip: FLORIDA CITY, FL 33034

Title: MR. (X) Change () Addition
Name: DACEUS, JEAN
Address: 145 S.W. 5 AVE
City-St-Zip: FLORIDA CITY, FL 33034

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: RAYMUNDO TORRES

MR.

09/12/2005

Electronic Signature of Signing Officer or Director

Date