

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90013 032 ****61.25

DOCUMENT # 711720

1. Entity Name
COMMUNITY UNITED METHODIST CHURCH OF
HOLIDAY, INC.



Principal Place of Business
3214 U.S. HIGHWAY 19
HOLIDAY, FL 34691

Mailing Address
3214 U.S. HIGHWAY 19
HOLIDAY, FL 34691

54032419



01272004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1205636

Applied For
Not Applied

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BEDDOW, MERLE
7121 HEATH DR
PORT RICHEY, FL 34668

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25
Due by May 1, 2004**

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 TR ☒ Delete
NAME DUNN, JOHN A
STREET ADDRESS 16020 CHIEF DRIVE
CITY-ST-ZIP HUDSON, FL 34667

TITLE CTR ☐ Delete
NAME BEDDOW, MERLE
STREET ADDRESS 4803 BLOSSOM DR
CITY-ST-ZIP HOLIDAY, FL 34690

TITLE TR ☐ Delete
NAME CRACOLICI, TOM
STREET ADDRESS 4426 TERRY LOOP
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE TR ☒ Delete
NAME BEDDOW, TOM
STREET ADDRESS 1025 PERT DR
CITY-ST-ZIP HOLIDAY, FL 34691

TITLE TR ☐ Delete
NAME HOMO, ROY
STREET ADDRESS 4115 CLUSTER DRIVE
CITY-ST-ZIP HOLIDAY, FL 34691

TITLE TR ☐ Delete
NAME ANDERSON, JANICE
STREET ADDRESS 5113 MILE STRETCH RDD
CITY-ST-ZIP HOLIDAY, FL 34690

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TR ☐ Change ☒ Ad
NAME WILDERMUTH, DEBBIE
STREET ADDRESS 4613 WEASEL DR
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE ☐ Change ☐ Ad
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Ad
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TR ☐ Change ☒ Ad
NAME SIEBRASSE, SANDY
STREET ADDRESS 6833 LINGO CT
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE ☐ Change ☐ Ad
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Ad
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Merle Beddow, Chairman, Trustee*