


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90072 050 \*\*\*\*61.25

<b>DOCUMENT # 711720</b>					
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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1205636	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BEDDOW, MERLE 7121 HEATH DR PORT RICHEY, FL 34668				Name MERLE BEDDOW (same person)	
				Street Address (P.O. Box Number is Not Acceptable) (new address) 8604 Arrowhead Drive	
				City Hudson	
				State FL Zip Code 34667	
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>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		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	TR	<input checked="" type="checkbox"/> Delete	TITLE	Wildermuth, John TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILDERMUTH, DEBBIE		NAME	4613 Weasel Drive	
STREET ADDRESS	4613 WEASEL DR		STREET ADDRESS	New Port Richey, FL 34653	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653		CITY-ST-ZIP		
TITLE	CTR	<input checked="" type="checkbox"/> Delete	TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEDDOW, MERLE		NAME	Hoult, Lois	
STREET ADDRESS	4803 BLOSSOM DR		STREET ADDRESS	2317 Chatlin Road	
CITY-ST-ZIP	HOLIDAY, FL 34690		CITY-ST-ZIP	Holiday, FL 34691	
TITLE	TR	<input checked="" type="checkbox"/> Delete	TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRACOLICI, TOM		NAME	Raap, Lorraine	
STREET ADDRESS	4426 TERRY LOOP		STREET ADDRESS	4217 Hampton Drive	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		CITY-ST-ZIP	New Port Richey, FL 34652	
TITLE	TR	<input type="checkbox"/> Delete	TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEBRASSE, SANDY		NAME	Siebrasse, Sandy	
STREET ADDRESS	6833 LINGO CT		STREET ADDRESS	18041 Oxenham Avenue	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653		CITY-ST-ZIP	Spring Hill, FL 34610	
TITLE	TR	<input type="checkbox"/> Delete	TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOMO, ROY		NAME	Anderson, John	
STREET ADDRESS	4115 CLUSTER DRIVE		STREET ADDRESS	5113 Mile Stretch Drive	
CITY-ST-ZIP	HOLIDAY, FL 34691		CITY-ST-ZIP	Holiday, FL 34690	
TITLE	TR	<input checked="" type="checkbox"/> Delete	TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, JANICE		NAME	Beddow, Merle	
STREET ADDRESS	5113 MILE STRETCH RDD		STREET ADDRESS	8604 Arrowhead Drive	
CITY-ST-ZIP	HOLIDAY, FL 34690		CITY-ST-ZIP	Hudson, FL 34667	
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: <i>Merle Beddow</i>			Merle Beddow		(727) 937-3268
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>