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

DOCUMENT # 714263

1. Entity Name

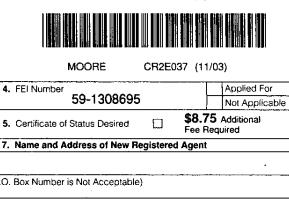
THE FIRST UNITED METHODIST CHURCH OF DELTONA, INCORPORATED

Principal Place of Business		Mailing Address	
1045 E. NORMANDY BLVD. DELTONA FL 32725		1045 E. NORMANDY BLVD. DELTONA FL 32725	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED Mar 26, 2004 8:00 am Secretary of State

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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUCKMASTER, BARBARA Street Address (P.O. Box Number is Not Acceptable) 1045 E. NORMANDY BLVD **DELTONA FL 32725** 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. 3-23-04 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete TITLE TITLE Change ☐ Addition MCPHERSON, SCOTT NAME NAME 755 VACCINIUM WAY STREET ADDRESS STREET ADDRESS OSTEEN FL 32764 CITY-ST-ZIP CITY-ST-ZIP David Andrews, Jr. TITLE X Delete Addition TITLE Change ROBERTSON, MALCOLM 3430 Spring Run NAME 2509 TIPTON COURT STREET ADDRESS STREET ADDRESS Deltona FL 32738 **DELTONA FL 32738** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition WIGGINS, TERRI NAME NAME 2035 EVEREST ST STREET ADDRESS STREET ADDRESS **DELTONA FL** CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE X Change Addition GOFF, ALAN T D NAME NAME 558 APOLLO AVE STREET ADDRESS STREET ADDRESS **DELTONA FL 32725** CITY-ST-ZIP CITY-ST-ZIP DC Change ☐ Addition TITLE ☐ Delete TITLE SIEBERT, NANCY NAME NAME DC 2099 VAN ORMAN STREET ADDRESS STREET ADDRESS DELTONA FL 32725 CITY-ST-ZIP CITY-ST-ZIP TITLE X Delete TITLE ☐ Change X Addition Randy Hibbs DVC EVORY, RON C NAME NAME 1797 Arrow Terrace 925 FT SMITH BLVD STREET ADDRESS STREET ADDRESS DELTONA FL 32738 Deltona, F1 32725 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)(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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NO

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/04 (386) 574-1391