


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

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

03-26-2004 90022 035 \*\*\*\*61.25

<b>DOCUMENT # 714263</b>	
1. Entity Name <b>THE FIRST UNITED METHODIST CHURCH OF DELTONA, INCORPORATED</b>	

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

**44021220**



MOORE CR2E037 (11/03)

4. FEI Number <b>59-1308695</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>BUCKMASTER, BARBARA 1045 E. NORMANDY BLVD DELTONA FL 32725</b>
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<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 Barbara Buckmaster, Treasurer DATE 3-23-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCPHERSON, SCOTT</b> <b>755 VACCINIUM WAY</b> <b>OSTEEN FL 32764</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <b>ROBERTSON, MALCOLM</b> <b>2509 TIPTON COURT</b> <b>DELTONA FL 32738</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>David Andrews, Jr. D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>3430 Spring Run</b> <b>Deltona FL 32738</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WIGGINS, TERRI</b> <b>2035 EVEREST ST</b> <b>DELTONA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>XXX</del> <b>D</b> <b>GOFF, ALAN T</b> <b>558 APOLLO AVE</b> <b>DELTONA FL 32725</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <b>SIEBERT, NANCY</b> <b>2099 VAN ORMAN</b> <b>DELTONA FL 32725</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EVORY, RON C</b> <b>925 FT SMITH BLVD</b> <b>DELTONA FL 32738</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Randy Hibbs DVC</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1797 Arrow Terrace</b> <b>Deltona, FL 32725</b>

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: Nancy A. Siebert 3/23/04 (386) 574-1391

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #