2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## Mar 02, 2005 8:00 am Secretary of State **DOCUMENT # 714263** 1. Entity Name 03-02-2005 90083 042 \*\*\*\*61.25 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 Applied For 4. FEI Number 59-1308695 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HELM, KAREN BUCKMASTÉR BARBARA Box Number is Not Acceptable). Street 1045 E. NORMANDY BLVD **DELTONA FL 32725** Zip Code 32725 PeltoNA 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 registered agent and title if explic FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Jeffries Tina Delete TITLE ☐ Change X Addition MCPHERSON, SCOTT NAME 2170 Old TRAIN AC 755 VACCINIUM WAY STREET ADDRESS STREET ADDRESS OSTEEN FL 32764 Deltona 7L CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change . ☐ Addition ANDREWS, DAVID JR. ANDREWS, DAVID JR NAME NAME 3430 SPRING RUN STREET ADDRESS STREET ADDRESS 3430 SPRING RUN **DELTONA FL 32738** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change . 🔲 Addition NAME WIGGINS, TERRI NAME: 2035 EVEREST ST STREET ADDRESS STREET ADDRESS DELTONA FL CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change GOFF, ALAN T NAME NAME 558 APOLLO AVE STREET ADDRESS STREET ADDRESS

MCLEAN, NANCY 101 GRAND PLAZA DE Q6 ORANGE CITY 7L 32763 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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

**SIGNATURE:** 

DVC

CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TILLE

NAME

TITLE

**DELTONA FL 32725** 

SIEBERT, NANCY

HIBBS, RANDY

2099 VAN ORMAN

DELTONA FL 32725

1797 ARROW TERR

**DELTONA FL 32725** 

☐ Delete

X Delete

Siebert, NANCY 2099 VA'N ORMAN

**FILED** 

☐ Change

☐ Addition

**X** Addition