2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

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01192005 Chg-NP CR2E037 (10/03)

DOCUMENT # 715203

1. Entity Name
FIRST UNITED METHODIST CHURCH OF HOLLYWOOD, INC.

Principal Place of Business
1804 VAN BUREN STREET
HOLLYWOOD, FL 33020

Mailing Address
1804 VAN BUREN STREET
HOLLYWOOD, FL 33020

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 59-1094820 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUNTER, E.T. ESQ
2701 CASABLANCA DR.
MIRAMAR, FL 33023

7. Name and Address of New Registered Agent

Name: TONIETTA WALTERS
Street Address (P.O. Box Number is Not Acceptable): 1804 VAN BUREN STREET
City: HOLLYWOOD FL Zip Code: 33020

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: TONIETTA A. WALTERS — 1/19/05
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, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☐ Delete	TITLE	P/Trustee	☑ Change ☐ Addition
NAME	TURIN, ALAN		NAME	ALAN TURIN	
STREET ADDRESS	2116 MONROE TERR.		STREET ADDRESS	2116 MONROE TERR.	
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP	Hollywood, Fl. 33020	
TITLE	V	☑ Delete	TITLE	V/Trustee	☐ Change ☑ Addition
NAME	CARLISLE, BART		NAME	Jim KINCAID	
STREET ADDRESS	1804 VAN BUREN ST.		STREET ADDRESS	1804 VAN BUREN STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP	HOLLYWOOD, Fl. 33020	
TITLE	S	☐ Delete	TITLE	S/Trustee	☑ Change ☐ Addition
NAME	CARLISE, PHYLLIS		NAME	Phyllis CASTNOVO	
STREET ADDRESS	1804 VAN BUREN ST.		STREET ADDRESS	1804 VAN BUREN STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33023		CITY-ST-ZIP	HOLLYWOOD, Fl. 33020	
TITLE	ST	☑ Delete	TITLE		☐ Change ☐ Addition
NAME	PLITNICK, ANN		NAME		
STREET ADDRESS	916 N. 16TH AVE		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP		
TITLE	TR	☑ Delete	TITLE	D.	☑ Change ☐ Addition
NAME	HONETGHON, MAX		NAME	BRUCE MATHER	
STREET ADDRESS	2624 RODMAN ST.		STREET ADDRESS	2701 CASABLANCA DR	
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP	MIRAMAR, Fl. 33023	
TITLE	T	☐ Delete	TITLE	Treasurer	☐ Change ☑ Addition
NAME	MATHER, BRUCE		NAME	TONIETTA WALTERS	
STREET ADDRESS	2701 CASABLANCA DR.		STREET ADDRESS	1804 VAN BUREN ST	
CITY-ST-ZIP	MIRAMAR, FL 33023		CITY-ST-ZIP	HOLLYWOOD, Fl. 33020	

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: 1-19-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #