


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-27-2005 90043 002 ****70.00

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		40001402	
2. Principal Place of Business		3. Mailing Address		01192005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-1094820	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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: <u>IONIETTA WALTERS</u> Street Address (P.O. Box Number is Not Acceptable): <u>1804 VAN BUREN STREET</u> City: <u>HOLLYWOOD</u> FL Zip Code: <u>33020</u>		
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: <u>[Signature]</u> <u>IONIETTA A. WALTERS</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: <u>1/19/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2005		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	P	<input type="checkbox"/> Delete	TITLE	<u>P/Trustee</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURIN, ALAN		NAME	<u>ALAN TURIN</u>	
STREET ADDRESS	2116 MONROE TERR.		STREET ADDRESS	<u>2116 MONROE TERR.</u>	
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP	<u>HOLLYWOOD, FL 33020</u>	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<u>V/Trustee</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARLISLE, BART		NAME	<u>JIM KINCAID</u>	
STREET ADDRESS	1804 VAN BUREN ST.		STREET ADDRESS	<u>1804 VAN BUREN STREET</u>	
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP	<u>HOLLYWOOD, FL 33020</u>	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<u>S/Trustee</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLISE, PHYLLIS		NAME	<u>PHYLLIS CASTRONOVO</u>	
STREET ADDRESS	1804 VAN BUREN ST.		STREET ADDRESS	<u>1804 VAN BUREN STREET</u>	
CITY-ST-ZIP	HOLLYWOOD, FL 33023		CITY-ST-ZIP	<u>HOLLYWOOD, FL 33020</u>	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLITNICK, ANN		NAME		
STREET ADDRESS	916 N. 16TH AVE		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP		
TITLE	TR	<input checked="" type="checkbox"/> Delete	TITLE	<u>D.</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HONETGHON, MAX		NAME	<u>BRUCE MATHER</u>	
STREET ADDRESS	2624 RODMAN ST.		STREET ADDRESS	<u>2701 CASABLANCA DR</u>	
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP	<u>MIRAMAR, FL 33023</u>	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<u>Treasurer</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATHER, BRUCE		NAME	<u>IONIETTA WALTERS</u>	
STREET ADDRESS	2701 CASABLANCA DR.		STREET ADDRESS	<u>1804 VAN BUREN ST</u>	
CITY-ST-ZIP	MIRAMAR, FL 33023		CITY-ST-ZIP	<u>HOLLYWOOD, FL 33020</u>	
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: <u>[Signature]</u>			Date: <u>1-19-05</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		