

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-27-2005 90045 036 ****61.25

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|---|---|---|--|--|--|
| DOCUMENT # 715350 1. Entity Name CHRIST INDEPENDENT METHODIST CHURCH OF PALATKA, INC. | | | | | |
| Principal Place of Business 4078 SILVER LAKE DRIVE PALATKA, FL 32177-7888 US | | | Mailing Address 4078 SILVER LAKE DRIVE PALATKA, FL 32177-7888 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-1258962 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent - | | | | 7. Name and Address of New Registered Agent | |
| BECKER, DALE 126 WIPPLETREE RD HOLLISTER, FL 32147 | | | | Name Randy Wallis Street Address (P.O. Box Number is Not Acceptable) 109 Thicket Lane City Palatka FL Zip Code 32177 | |
| 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><i>Randy Wallis</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (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 NAME STREET ADDRESS CITY-ST-ZIP | TR BEDENBAUGH, JERRY 335 HORSEMAN CLUB RD. PALATKA, FL 32177 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | C Randy Curtis 325 Round Lake Rd. Palatka, FL 32177 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C CREMER, ERNEST 130 ODOM RD. PALATKA, FL 32177 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/C Ernest Cremer 130 Odom Rd Palatka, FL 32177 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR POUNDS, JIM 1009 S. MOODY RD. PALATKA, FL 32177 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Jeff Bedenbaugh 227 Round Lake Rd Palatka, FL 32177 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CARR, SAM PO BOX 304 SAN MATEO, FL 321870304 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Duane Kummer 146 Latesha Terr. Palatka, FL 32177 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CTR BECKER, DALE 126 WIPPLETREE RD. HOLLISTER, FL 32147 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR BRANCH, NED JR PO BOX 334 INTERLACHEN, FL 32148 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS 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: <u><i>Randy Wallis</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| | | | | <small>Date</small> | |
| | | | | <small>Daytime Phone #</small> | |