


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90266 032 ****70.00

DOCUMENT # 715977 1. Entity Name THE METHODIST CHURCH DISTRICT BOARD OF MISSIONS AND CHURCH EXTENSION OF ORLANDO DISTRICT, INC.					
Principal Place of Business 2125 E SOUTH ST. ORLANDO, FL 32803-3502				Mailing Address 2125 E SOUTH ST. ORLANDO, FL 32803-3502	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1147115	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KEPUS, DIANE M 2125 E SOUTH ST ORLANDO, FL 32803				Name STRECKER, JEFFREY P. Street Address (P.O. Box Number is Not Acceptable) 579 KINGWAY DRIVE City DELTONA FL Zip Code 32725	
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>Jeffrey P. Strecker</i></u> JEFFREY P. STRECKER, SECRETARY 4/7/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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	TD WALLACE, HUGH 615 EXECUTIVE DRIVE WINTER PARK, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLEDSOE, THOMAS 331 N. MAITLAND BLVD. WINTER PARK, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ELYEA, DAVE 5668 FREEPORT DR. TAVARES, FL 32778	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STIGGINS, JEFFREY 2125 E. SOUTH ST. ORLANDO, FL 32803	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KEPUS, DIANE 7817 HATTERAS RD. ORLANDO, FL 32822	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STRECKER, JEFFREY P 579 KINGWAY DRIVE DELTONA FL 32725	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STRECKER, JEFFREY P 579 KINGWAY DRIVE DELTONA FL 32725	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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>David K. Elyea</i></u> David K. Elyea <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
4-7-2004 407-230-0569 <small>Date Daytime Phone #</small>					