2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#716298

FILED Jan 05, 2004 Secretary of State

Entity Name: UNITED METHODIST CHURCH OF PINE ISLAND, INC.

Current Principal Place of Business: New Principal Place of Business: 5701 PINE ISLAND RD. BOKEELIA, FL 33922 **Current Mailing Address: New Mailing Address:** 5701 PINE ISLAND RD. BOKEELIA, FL 33922 FEI Number: 59-1773457 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MADDOCK, ROY 11941 OAKLAND DR BOKEELIA, FL 33922 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete GARVIN, LEW Name: Name: Address: 7659 GRANDE PINE RD Address: City-St-Zip: BOKEELIA, FL 33922 City-St-Zip: Title: () Delete Title: () Change () Addition Name: NOE, CANDACE Name: Address: 3653 SAN CARLOS DRIVE Address: City-St-Zip: SAINT JAMES CITY, FL 33956 City-St-Zip: Title: () Delete Title: (X) Change () Addition STANFIELD, DALLAS Name: GRAVES, RON Name: 1309 ISLAMORADA BLVD. Address: 7475 PENTZ RD Address: City-St-Zip: BOKEELIA, FL 33922 City-St-Zip: PUNTA GORDA, FL 33955 () Delete Title: Title: () Change () Addition Name: LAPPIN, AL Name: 3823 DEWBERRY LANE Address: Address: City-St-Zip: SAINT JAMES CITY, FL 33956 City-St-Zip: Title: () Delete Title: AC (X) Change () Addition SPRADLIN, JOE JR. MADDOCK, ROY Name: Name: 2183 SANIBEL BLVD. 11941 OAKLAND DRIVE Address: Address: SAINT JAMES CITY, FL 33956 City-St-Zip: City-St-Zip: BOKEELIA, FL 33922 Title: () Delete Title: () Change (X) Addition STEVENS, DAN Name: Name: Address: Address: P.O. BOX 564 ST. JAMES CITY, FL 33956 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CANDACE NOE T 01/05/2004