

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716298

FILED
Feb 09, 2005
Secretary of State

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

Current Principal Place of Business:

5701 PINE ISLAND RD.
BOKEELIA, FL 33922

New Principal Place of Business:

Current Mailing Address:

5701 PINE ISLAND RD.
BOKEELIA, FL 33922

New Mailing Address:

FEI Number: 59-1773457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MADDOCK, ROY
11941 OAKLAND DR
BOKEELIA, FL 33922 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: GARVIN, LEW
Address: 7659 GRANDE PINE RD
City-St-Zip: BOKEELIA, FL 33922

Title: T () Delete
Name: NOE, CANDACE
Address: 3653 SAN CARLOS DRIVE
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: D () Delete
Name: GRAVES, RON
Address: 1309 ISLAMORADA BLVD.
City-St-Zip: PUNTA GORDA, FL 33955

Title: D () Delete
Name: LAPPIN, AL
Address: 3823 DEWBERRY LANE
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: AC () Delete
Name: MADDOCK, ROY
Address: 11941 OAKLAND DRIVE
City-St-Zip: BOKEELIA, FL 33922

Title: IN () Delete
Name: STEVENS, DAN
Address: P.O. BOX 564
City-St-Zip: ST. JAMES CITY, FL 33956

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DAVIS, RICHARD
Address: 10691 HABITAT TRAIL
City-St-Zip: BOKEELIA, FL 33922

Title: T (X) Change () Addition
Name: NOE, CANDACE
Address: P. O. BOX 777
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: C (X) Change () Addition
Name: GRAVES, RON
Address: 6030 KEY LARGO CIRCLE
City-St-Zip: PUNTA GORDA, FL 33955

Title: C (X) Change () Addition
Name: LAPPIN, AL
Address: 3823 DEWBERRY LANE
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: S (X) Change () Addition
Name: RUTH, ANDERSON
Address: 5890 LULOMA LANE
City-St-Zip: BOKEELIA, FL 33922

Title: C (X) Change () Addition
Name: STEVENS, DAN
Address: P.O. BOX 564
City-St-Zip: ST. JAMES CITY, FL 33956

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: CONNIE PETITO, ADMINISTRATIVE ASSISTANT

ADM

02/09/2005

Electronic Signature of Signing Officer or Director

Date