


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90339 021 ****61.25

DOCUMENT # 722034

1. Entity Name
CHRIST UNITED METHODIST CHURCH OF MILTON, FLORIDA, INCORPORATED



Principal Place of Business
**5983 DOGWOOD ST
 MILTON, FL 32570-3330 US**

Mailing Address
**5983 DOGWOOD ST
 MILTON, FL 32570-3330 US**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

04252004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1926257

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHAPMAN, ROBERT
 5215 MORGAN RIDGE DRIVE
 MILTON, FL 32570**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$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	CD BIGNER, RICHARD 5608 ELIZABETH WAY MILTON, FL 32570 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROOK, JEAN 6225 ASTER ST MILTON, FL 32570 <input checked="" type="checkbox"/> Delete	T CLARK, SUSAN 5157 Springdale Drive MILTON, FL 32570 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, FELTON E JR 5316 ALABAMA STREET MILTON, FL 32570 <input checked="" type="checkbox"/> Delete	D Schoenherr, Kay 5853 Hamilton Bridge Road MILTON, FL 32570 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAPMAN, ROBERT 5285 MORGAN RIDGE DR MILTON, FL 32570 <input type="checkbox"/> Delete	D Chapman Robert 5285 Morgan Ridge Dr. MILTON, FL 32570 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Susan Clark / Susan Clark Date: 4/25/04 Daytime Phone #: (850) 623-0614