2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State
02-26-2004 90029 024 ****70.00

DOCUMENT # 726099

1. Entity Name
FIRST UNITED METHODIST CHURCH OF STUART, INC.

Principal Place of Business	Mailing Address
1500 KANNER HIGHWAY P.O. BOX 539 STUART, FL 34995 US	P. O. BOX 539 P.O. BOX 539 STUART, FL 34995 US

01212004 Chg-NP CR2E037 (10/03)

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 59-0816465 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SABIN, CHARLES
182 SE HARBOR POINT DR
STUART, FL 34996

7. Name and Address of New Registered Agent

Name: DALE HOFFA
Street Address (P.O. Box Number is Not Acceptable): 2010 SW OLYMPIC CLUB TERRACE
City: PALM City FL Zip Code: 34990

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: D. Dale Hoffa 2/16/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	BOT DIKE, ERNIE 597 SW ROMORA BAY ST. LUCIE WEST, FL 34986	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C/T DALE HOFFA 2010 SW OLYMPIC CLUB TERRACE PALM CITY, F.L. 34990	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOT TREMBLY, BRUCE 2027 SW DOVETAIL TERRANCE PALM CITY, FL 34990	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C/T TOM BOYD 3089 SW MONTEBELLO PLACE PALM CITY F.L. 34990	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CF DUVALL, MARK 1000 NE JUNIPER PLACE JENSEN BEACH, FL 34957	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~CF~~ T JAMES HEDGE 8216 KIAWAH TRACE PORT ST. LUCIE FL 34986	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M DRUMMONDS, VAUGHN 4600 NW INDIAN OAK COURT JENSEN BEACH, FL 34957	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M JACQUELINE CRIGHTON 1669 SW Albatross WAY Palm City F.L 34995	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOT MARVIN, CYNTHIA 1196 NE COY SENDA JENSEN BEACH, FL 34957	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~B~~ T SUSAN STURM 3190 SW Solitaire Palm Drive Palm City F.L. 34990	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOT SABIN, CHARLIE 182 SE HARBOR POINT DR STUART, FL 34996	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MARK BUEHLER 729 SE MICHAELS COURT STUART, F.L. 34997	☐ Change ☑ 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: D. Dale Hoffa 2/16/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #