2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005
Secretary of State

DOCUMENT# 726099

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

Current Principal Place of Business:

1500 KANNER HIGHWAY
P.O. BOX 539
STUART, FL 34995 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 539
P.O. BOX 539
STUART, FL 34995 US

New Mailing Address:

FEI Number: 59-0816465 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOFFA, DALE
2010 SW OYMPIC CLUB TERRACE
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

CLARK, DALE
1402 SW PENINSULA LANE
PALM CITY, FL 34990 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: DALE CLARK 04/12/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:	CT	( ) Delete
Name:	HOFFA, DALE	
Address:	2010 SW OLYMPIC CLUB TERRACE	
City-St-Zip:	PALM CITY, FL 34990	
Title:	CT	( ) Delete
Name:	BOYD, TOM	
Address:	3089 SW MONTEBELLO PLACE	
City-St-Zip:	PALM CITY, FL 34990	
Title:	T	( ) Delete
Name:	HEDGE, JAMES	
Address:	8216 KIAWAH TRACE	
City-St-Zip:	PORT SAINT LUCIE, FL 34986	
Title:	M	( ) Delete
Name:	CRIGHTON, JACQUELINE	
Address:	1669 SW ALBATROSS WAY	
City-St-Zip:	PALM CITY, FL 34995	
Title:	T	( ) Delete
Name:	STURM, SUSAN	
Address:	3190 SW SOLITAIRE PALM DRIVE	
City-St-Zip:	PALM CITY, FL 34990	
Title:	T	( ) Delete
Name:	BUEHLER, MARK	
Address:	729 SE MICHAELS COURT	
City-St-Zip:	STUART, FL 34997	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	CT	(X) Change ( ) Addition
Name:	CLARK, DALE	
Address:	1402 SW PENINSULA LANE	
City-St-Zip:	PALM CITY, FL 34990	
Title:	CT	(X) Change ( ) Addition
Name:	WASHBURN, WILLIAM	
Address:	3649 SE DOUBLETON DRIVE	
City-St-Zip:	STUART, FL 34997	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
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: MICHELLE WHITMAN FO 04/12/2005
Electronic Signature of Signing Officer or Director Date