2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# 728191

Entity Name: NEW ST. PAUL FREE METHODIST CHURCH, INC.

Current Principal Place of Business:

19431 N.W. 100 AVE ROAD
MICANOPY, FL 32667 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 67
ORANGE LAKE, FL 32681 US

New Mailing Address:

FEI Number: 59-2954035 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, ALFRED W
18401 NW 53RD CT RD.
ORANGE LAKE, FL 32681 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:	CSD	( ) Delete
Name:	WILSON, ALFRED W	
Address:	18401 NW 53RD CT RD	
City-St-Zip:	ORANGE LAKE, FL 32681	
Title:	TD	( ) Delete
Name:	WASHINGTON, MARY P	
Address:	19101 N.W. 100 AVE ROAD	
City-St-Zip:	MICANOPY, FL 32667	
Title:	D	( ) Delete
Name:	PERRY, MARY A.,	
Address:	19101 N.W. 100 AVE ROAD	
City-St-Zip:	MICANOPY, FL 32667 US	
Title:	S	( ) Delete
Name:	PERRY, GRACE	
Address:	1901 NW 100TH AVE RD	
City-St-Zip:	MICANOPY, FL 32667	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ALFRED W WILSON CSD 04/27/2004

Electronic Signature of Signing Officer or Director — Date