


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # 732972
 1. Entity Name
THE FIRST UNITED METHODIST CHURCH OF IMMOKALEE, INC.



Principal Place of Business Mailing Address
 303 N 9TH ST. 303 N 9TH ST.
 IMMOKALEE, FL 34142 US IMMOKALEE, FL 33934

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01202004 No Chg-NP CR2E037 (10/03)

4. FEI Number **59-1963954** Applied For / Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BENSON, PEGGY
709 NORTH 11TH STREET
IMMOKALEE, FL 34142

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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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WARFORD, JEANNE K 303 N 9TH ST PO BOX 5123 IMMOKALEE, FL 34143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PLUMMER, WESALINE 1001 N 15TH ST IMMOKALEE, FL 34143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NEWSOME, WILLIAM E 507 JEFFERSON AVE IMMOKALEE, FL 34142
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 01/26/04-80016-009 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Jeanne K Warford* JEANNE K. WARFORD 1/21/04 239-657-2841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #