


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90032 004 ****61.25

40001597



DOCUMENT # 732972					
1. Entity Name THE FIRST UNITED METHODIST CHURCH OF IMMOKALEE, INC.					
Principal Place of Business 303 N 9TH ST. IMMOKALEE, FL 34142 US		Mailing Address 303 N 9TH ST. IMMOKALEE, FL 33934			
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 59-1963954	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6- Name and Address of Current Registered Agent			7- Name and Address of New Registered Agent		
BENSON, PEGGY 709 NORTH 11TH STREET IMMOKALEE, FL 34142			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WARFORD, JEANNE K		NAME		
STREET ADDRESS	303 N 9TH ST PO BOX 5123		STREET ADDRESS		
CITY-ST-ZIP	IMMOKALEE, FL 34143		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PLUMMER, WESALINE		NAME	GLENN STEPHENS	
STREET ADDRESS	1001 N 15TH ST		STREET ADDRESS	609 GLADIOLA STREET	
CITY-ST-ZIP	IMMOKALEE, FL 34143		CITY-ST-ZIP	IMMOKALEE, FL 34142	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWSOME, WILLIAM E		NAME	JERRY WILLIAMS	
STREET ADDRESS	507 JEFFERSON AVE		STREET ADDRESS	7190 TRAFFORD OAK ROAD	
CITY-ST-ZIP	IMMOKALEE, FL 34142		CITY-ST-ZIP	IMMOKALEE, FL 34142	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Jeanne K Warford</i>			JEANNE K. WARFORD		1/12/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		239-657-2841
					Daytime Phone #