


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # 737166 1. Entity Name DAVIE UNITED METHODIST CHURCH, INC. |  |
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| Principal Place of Business 6500 S.W. 47TH STREET DAVIE, FL 33314-4305 | Mailing Address 6500 S.W. 47TH STREET DAVIE, FL 33314-4305 |
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01042005 No Chg-NP CR2E037 (10/03)

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|-----------------------------|-------------------------------|
| 4. FEI Number 59-6057117 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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DO NOT WRITE IN THIS SPACE

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| 6. Name and Address of Current Registered Agent LAITE, MYRIC W REV 6500 SW 47TH ST DAVIE, FL 33024 |
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000197035
01/26/05 00096 001 61.25

000000197035
01/26/05-80096-002 8.75

**DO NOT WRITE
IN THIS SPACE**

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST VON WALDBURG, JANE 4047 NW 16ST APT 401 FORT LAUDERDALE, FL 33313 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ELLIOTT, VANN 2880 SW 81 WAY FORT LAUDERDALE, FL 33328 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GILMORE, GEORGE 7441 SW 42 PL DAVIE, FL 33314 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT ANNIN, JIM 15280 SW 31 CT DAVIE, FL 33331 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS 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: Jane Von Waldburg James Von Waldburg 1/21/05 954-777-5009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #