

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90030 032 ****61.25

DOCUMENT # 737749

1. Entity Name

ALTOONA UNITED METHODIST CHURCH, INC.



Principal Place of Business

HWY 19 NORTH 42631
PO BOX 114
ALTOONA FL 32702-0114
US

Mailing Address

HWY 19 NORTH 42631
PO BOX 114
ALTOONA FL 32702-0114
US

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

59-2340905

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEIBERT, DAVIS B
412 MAPLE TREE DRIVE
ALTOONA FL 32702

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS CHAMBERS, BERTHA
CITY-ST-ZIP 47626 BEAR ROAD
ALTOONA FL 32702

TITLE ☐ Delete
NAME D
STREET ADDRESS MAHOLM, JOE
CITY-ST-ZIP 29760 S.E. 150TH STREET
ALTOONA FL 32702

TITLE ☐ Delete
NAME T
STREET ADDRESS ROGERS, JAMES
CITY-ST-ZIP 20407 WOOD DUCK ROAD
ALTOONA FL 32702

TITLE ☒ Delete
NAME D
STREET ADDRESS THEISEN, RON
CITY-ST-ZIP 43833 ILLINOIS RD
ALTOONA FL 32702

TITLE ☐ Delete
NAME D
STREET ADDRESS DEIBERT, DAVIS
CITY-ST-ZIP 412 MAPLETREE DRIVE
ALTOONA FL 32702

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS MCDONALD, NEIL D.
CITY-ST-ZIP 28130 SE 175TH ST.
UMATILLA, FL 32174

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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: *Davis B. Deibert* DAVIS B. DEIBERT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-771-0438