

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2005 08:00 AM
Secretary of State

DOCUMENT # 739423

1. Entity Name
INDEPENDENT FREE METHODIST CHURCH, INC.



Principal Place of Business
**1309 E GRANT AVE
MT DORA, FL 32757 US**

Mailing Address
**PO BOX 213
MT DORA, FL 32757 US**



07052005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2382873

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fees Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FORDHAM, JEANNE M
119 W CHISHOLM ST
APOPKA, FL 32703**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ASHLEY, CALVIN A.
STREET ADDRESS	P.O. BOX 577 N/A
CITY-ST-ZIP	DELAND, FL
TITLE	P
NAME	TAYLOR, LUCIOUS
STREET ADDRESS	4931 NW 52ND PL
CITY-ST-ZIP	OCALA, FL 34482
TITLE	VDVP
NAME	REED, C J
STREET ADDRESS	1511 JEFFERSON DR
CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	SD
NAME	FORDHAM, ANDRE
STREET ADDRESS	119 W CHISHOLM ST
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	SD
NAME	WATSON, RUTH
STREET ADDRESS	1650 TREMAIN STREET
CITY-ST-ZIP	MOUNT DORA, FL
TITLE	TD
NAME	MCNAIR, KEITH
STREET ADDRESS	1259 E. GRANT AVE.
CITY-ST-ZIP	MOUNT DORA, FL 32757

000000372513
07/13/05-80003-017 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:

Andre Fordham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/05

(407) 616-2998
Date Daytime Phone #