


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90027 048 ****61.25

DOCUMENT # 741083

1. Entity Name
ENGLEWOOD UNITED METHODIST CHURCH, INC.



Principal Place of Business Mailing Address
700 E DEARBORN ST **170 W DEARBORN ST**
ENGLEWOOD, FL 34223 US **ENGLEWOOD, FL 34223 US**


2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

40004153



01062005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1461291 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DUNKIN, DAVID A.
150 W. DEARBORN
ENGLEWOOD, FL 34223

7. Name and Address of New Registered Agent

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 _____ DATE _____

Signature, typed or printed name of registered agent and title. (Applicable only if registered agent signature required when changing)

Filing 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TR THOMAS, ROGER A 880 E 7TH ST ENGLEWOOD, FL 34223 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	TR COULTER, THOMAS 8389 PARKSIDE DR. ENGLEWOOD, FL 34224 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PTR KORSZEN, BOGIE 7060 LARSON ST. ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	TR FRAME, HOWARD 30 JAMESTOWN AVE. ENGLEWOOD, FL 34223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TR ARNOLD, IRVIN 9221 SN BERNANDIO AVE. ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	TR HICKS, KATHY 425-N. OXFORD DRIVE ENGLEWOOD, FL 34223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STR HARRISON, BETH 386 FIRETHORN AVE. ENGLEWOOD, FL 34224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	TR HOOK, BOYD 150 MARINA ISLES DR.#403 ENGLEWOOD, FL 34223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T SHEPPARD, DON 1065 SCHOONER LN. ENGLEWOOD, FL 34224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	VTR MANGUISE, PETER 650 SUNCREST LANE ENGLEWOOD, FL 34223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TR PATRICK, EBBA 1670 NEW POINT COMFORT RD. ENGLEWOOD, FL 34223 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	TR THOMPSON, NELDA 6415 MANASOTA KEY ENGLEWOOD, FL 34223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Donald L Sheppard **1-20-05** **474-5388**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing