


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-22-2004 90004 044 ****70.00

DOCUMENT # 745562

1. Entity Name
THE SOUTH ATLANTIC CONFERENCE OF THE FREE METHODIST CHURCH OF NORTH AMERICA, INC.



Principal Place of Business
6101 N ARMENIA AVE
TAMPA, FL 33604 US

Mailing Address
6101 N ARMENIA AVE
TAMPA, FL 33604 US

J4064357



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

07172004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
PANNELL, DONNA C
6101 N ARMENIA AVE
TAMPA, FL 33604

4. FEI Number
59-6511994

Applied For
Not Applicable

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

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 if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 8, 2004

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	VCD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BELL, STEVEN			NAME			
STREET ADDRESS	2204 26TH AVE EAST			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34208			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SNYDER, RICHARD D.			NAME			
STREET ADDRESS	203 CHARLESGATE CIRCLE			STREET ADDRESS	1232 JOANIES Ct.		
CITY-ST-ZIP	EAST AMHERST, NY 14051			CITY-ST-ZIP	Rock Hill SC 29732		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PANNELL, EDWIN			NAME	Edward in place of Edwin		
STREET ADDRESS	6101 N. ARMANIA AVE.			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33604			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PANNELL, DONNA			NAME			
STREET ADDRESS	6101 N. ARMANIA AVE.			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33604			CITY-ST-ZIP			
TITLE	CD	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FAJARDO, JOSH			NAME	Rob McLaren		
STREET ADDRESS	2705 ARMENIA CT			STREET ADDRESS	7098 79th St. N.		
CITY-ST-ZIP	TAMPA, FL 33614			CITY-ST-ZIP	Pinellas Park FL 33781		
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELLING, DONALD			NAME			
STREET ADDRESS	9425 BLUE PASS RD., #301			STREET ADDRESS	9495 Blind Pass Rd #307		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33706			CITY-ST-ZIP	St. Petersburg Beach FL 33706		

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: Donald Keeling Donald Keeling 7/19/04 727-343-7747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #